

Jenny Heuer, MS, LPC, NCC
2751 Buford Hwy • Suite 700 • Atlanta, GA 30324 • 770-655-6282 • jenheu77@gmail.com

Client Information

Date: _____

Name: _____
(Last) (First) (Middle)

Date of Birth: _____

Address: _____
(Street)

(City) (State) (Zip)

Phone Numbers (Please check the preferred contact number where I may leave a message):

(Home) (Work) (Mobile)

Email address: _____

Person to call in an emergency: _____
(Name and phone number)

Relationship to you (i.e., husband, sister): _____

Do I have your permission to contact your emergency contact if necessary?
(If yes, please sign on line below.)

What brought you to counseling today?

Jenny Heuer, MS, LPC, NCC
2751 Buford Hwy • Suite 700 • Atlanta, GA 30324 • 770-655-6282 • jenheu77@gmail.com

If you enter therapy with me, may I contact your medical doctor and/or psychiatrist so that he/she can be fully formed and we can coordinate your treatment?

(Circle) Yes or No

Primary Care Doctor: _____
(Name and phone number)

Psychiatrist: _____
(Name and phone number)

Do I have your permission to contact your medical doctor and/or psychiatrist?
(If yes, please sign on line below.)

Do I have your permission to thank your referral source for the referral?
(Circle) Yes or No

If referred by another clinician, would you like for us to communicate with one another? (Circle) Yes or No

If yes, please list the contact information for your referral source:

Additional Comments:

Client Signature: _____ Date: _____