

Jocelyn Womack, MA, LPC

3617 West Pioneer Parkway
Pantego, TX 76013
817-275-3617

Client Name: _____

Age: _____

Best phone number: _____ Does this number receive text messages: _____

Address: _____ City _____ Zip code _____

Employer: _____ Current position: _____ How long? _____

Email address: _____

Parent/Guardian(if minor): _____

Client birthdate _____ Gender _____

Referred by: _____

May I leave a detailed voice message at the above phone number: ___ Yes ___ No

May I leave a detailed text message at the above phone number: ___ Yes ___ No

May I leave a detailed email at the above email address: ___ Yes ___ No

Client signature: _____ **Date:** _____

Parent signature (if a minor): _____ **Date:** _____

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Credit card information (if credit is form of payment for services):

Name on card _____

Card type (Visa, Mastercard, Discover, American Express): _____

Card 16 digit account number _____

Expiration: _____ **Month** _____ **Year**

3 digit security code (from back of card): _____

Signature authorizing use of this form of payment for appointments, no call no show or late cancel.

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Electronic forms of communication may not be secure. Cell phones, email, wireless devices and computer and tablet use all provide the possibility that some unknown person may get access to my personal information.

My counselor will do all she can to safeguard my confidential information. I acknowledge and accept the responsibility for the breach of my information when I use the above electronic methods and devices to communicate with my counselor.

Signature

Date: