



Canyon Hills Counseling, LLC

Make Life Beautiful Again

CONTACT INFORMATION SHEET

Name: _____ Date of Birth _____

Home Phone: _____ May we leave a message? Yes No

Work Phone: _____ May we leave a message? Yes No

Cell/Other: _____ May we leave a message? Yes No

E-mail: _____ May we e-mail you? Yes No

*Please note: E-mail correspondence is not considered to be a confidential medium of communication.

Ok to communicate with spouse? Yes No

Name of Spouse _____

Ok to communicate with parent/children? Yes No

Name(s) _____

Ok to communicate with any other person? Yes No

Name(s) _____

Communicate only with me. Yes No

This directive will remain in effect until revised in writing.

Signature _____

Printed Name _____

Date _____

Other comments _____