Client Face Sheet

Individual Fee_____ Co-Pay_____

_____ _____

Name Date of Birth

_____

Address City State Zip

_____ _____

Cell Phone Atl Phone

_____ Is it ok to receive texts _____ _____

E-mail Yes No

Client can be reached by: (check all that apply)

☐ Phone w/no message ☐ Mail ☐ Text

☐ Phone w/message ☐ E-mail

Need Monthly Report? ☐ Yes ☐ No

If yes, report sent to:

_____ _____

Name Phone Number

_____ _____

Address Fax Number

DX_____

Date	I	Paid	Note	Date	I	Paid	Note	Date	I	Paid	Note	Date	I	Paid	Note