

**Bruce M. Small, M.Ed., Registered Psychotherapist**

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Client Data and Consent to Communication for a Couple

Client Information:

Client #1

Client #2

Full name: \_\_\_\_\_

Address: \_\_\_\_\_ (if different) \_\_\_\_\_

Home Phone: \_\_\_\_\_ (leave msg? \_\_\_\_)

Home Phone: \_\_\_\_\_ (leave msg? \_\_\_\_)

Work Phone: \_\_\_\_\_ (leave msg? \_\_\_\_)

Work Phone: \_\_\_\_\_ (leave msg? \_\_\_\_)

Mobile Phone: \_\_\_\_\_ (msg? \_\_ text? \_\_)

Mobile Phone: \_\_\_\_\_ (msg? \_\_ text? \_\_)

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Emergency Contact:

Emergency Contact:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

(if different)

(if different)

Tel Nos: \_\_\_\_\_

Tel Nos: \_\_\_\_\_

Consent to Communication:

My preferred form of communication for arrangement or confirmation of appointments is:

My preferred form of communication for arrangement or confirmation of appointments is:

e-mail \_\_\_\_ text \_\_\_\_ phone to: \_\_\_\_\_

e-mail \_\_\_\_ text \_\_\_\_ phone to: \_\_\_\_\_

I understand that e-mail and text are not secure forms of communication. Notwithstanding, I hereby authorize that in the event that I raise more substantial issues on either of these media for feedback from the above therapist, that he is hereby authorized to reply in kind on these media.

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\_\_\_\_\_  
Client #1 Signature

\_\_\_\_\_  
Client #2 Signature

\_\_\_\_\_  
Date