

# CLIENT CONTACT INFORMATION SHEET

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**Kety Lopez, LMHC**  
1428 Brickell Ave Suite 403  
Miami, Florida 33131  
counselingmia@gmail.com

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

Gender:

- Male
- Female

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

Address (Street and Number): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

May We Leave a Message

- Yes
- No

Cell/Other Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

May We Leave a Message

- Yes
- No

E-mail:

May We Email You?

- Yes
- No

\*Please note: Email correspondence is not considered to be a confidential medium of communication.

## Occupation:

Place of Employment: \_\_\_\_\_

Work Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

If needed, is it OK to call here?

- Yes
- No

## Emergency Contact:

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

Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_