

Alison Y. Sanderson, MA, LPC

1513 Walnut St., Suite 215

Cary, NC 27511

Client Information

Client Name: _____ Today's Date: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Mailing address, if different: _____

Phone (H): _____ Phone (Cell): _____ Phone (W): _____

DOB: _____ Age: _____ Gender: M F Transgender

Occupation: _____

Employer: _____

Work Address: _____

E-mail Address: _____

Emergency Contact Information

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

How did you hear about or who referred you to this office? _____

Appointment Scheduling Preference – I pledge to provide you with the highest quality of care and to build a relationship that is based on trust, which includes my commitment to respect the privacy and confidentiality of your health care information. There are certain instances when I may need to contact you by phone. **Be aware of the privacy risks, as with such technology, privacy cannot always be assured.** Please review the Notice of Privacy Practices.

You may contact me and leave text messages at the following phone number(s) and email messages at:

Home Phone Number: _____ Cell Phone Number: _____

Work Phone Number: _____ Email Address: _____

You may send mail to me at the home address listed above: Yes No