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CLIENT INFORMATION

Please Complete and Return

Name: _____ Date of Birth: _____

Address: _____ SS#: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____ May I contact you at this number? _____

Occupation: _____

Employer: _____

Employer's Address: _____

City: _____ State: _____ Zip Code: _____

Work Number: _____ May I contact you at this number? _____

Insurance provider: _____ Group ID: _____

Member ID: _____ Self Pay (Y/N): _____

I cannot guarantee confidentiality when you and I are communicating via cell phone, cordless phone, fax, email or computer. These devices could compromise confidentiality. By understanding the inherent risks of the aforementioned devices, you can make an informed choice about when, where and how to use those tools.

Cell phone: _____ May I contact you at this number? _____

Email address: _____ May I contact you via email? _____

How do you prefer to be contacted? _____

In case of emergency, who would you like me to contact?

Name: _____ Phone number: _____

Please indicate relationship to you _____

Reason for seeking counseling services: _____