

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Judy Wang, MA, LCPC, RPT**  
**Healing Hearts Counseling**

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Germantown, MD 20874  
(240) 780-8793

**CLIENT INFORMATION**  
Please Complete and Return

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ SS#: \_\_\_\_\_

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

Primary Caretaker Name/Emergency Contact: \_\_\_\_\_

Relationship with Client: \_\_\_\_\_

(If you are the legal guardian, please provide custody documentation)

Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ May I contact you at this number? \_\_\_\_\_

Other Parent or Legal Guardian: \_\_\_\_\_

Relationship with Client: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Referred by: \_\_\_\_\_

**PAYMENT INFORMATION**

Insurance provider: \_\_\_\_\_ Group ID: \_\_\_\_\_

Member ID: \_\_\_\_\_ Self Pay (Y/N): \_\_\_\_\_

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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? \_\_\_\_\_