



Client Communication Preferences

I would like to be contacted in reference to care by (please check and fill in all that apply):

Home Telephone #: _____

Okay to leave message with detailed information

Please leave a message with a call back number only

Work Phone #: _____

Okay to leave message with detailed information

Please leave a message with a call back number only

Cell Phone #: _____

Okay to leave message with detailed information

Please leave a message with a call back number only

Confirmation text regarding upcoming appointment

Print Name: _____

Client Signature: _____ Date: _____