



6716 Patterson Ave., Richmond, VA 23226 Phone: 804.282-5644 Fax: 804.673-2061

## CLIENT INFORMATION SHEET

**Please answer all questions. Information will remain strictly confidential**

Name: Mr. Mrs. Ms. Miss \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_ Preferred Phone Number: \_\_\_\_\_

May we contact you by phone \_\_\_ YES \_\_\_ NO If YES, may we leave a message at that number? \_\_\_ YES \_\_\_ NO

Email address: \_\_\_\_\_ May we email you? \_\_\_ YES \_\_\_ NO

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of your Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Spouse/Partner: \_\_\_\_\_

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Name of school if client is a student: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

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**Acknowledgment of Receipt of JFS Privacy Practices:**  
I have received and read the JFS Notice of Privacy Practices. I understand that, if I have any question about the terms of JFS' Privacy Policies, I may contact the JFS Privacy Officer for clarification.

**INITIAL:** \_\_\_\_\_

**Acknowledgment of Receipt of JFS Welcome Letter and Consent to Receive Treatment from JFS:**  
I have received and read the JFS Welcome Letter. I fully understand this information and agree to abide by its terms during our professional relationship. I have had my questions answered to my satisfaction. I agree to participate in treatment at JFS, and I understand I have the right to revoke this authorization, and that I can renegotiate the terms of this agreement at any time, in writing by sending such notification to JFS, 6718 Patterson Avenue, Richmond, VA 23226.

**INITIAL:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FOR CLINICIAN USE ONLY:** Client will be receiving treatment for : \_\_\_\_\_