David R. Wiggins, Ph.D., L.P.C., L.L.C.

Client Information

Date of Initial Visit: _____

Name: _____

Client's Date of Birth: _____

Address: _____

_____

Home Phone Number:_____

Cell Phone Number: _____

Work Phone Number: _____

Email Address: _____

We send out appointment reminders the day before your scheduled visit.

Do you want an appointment reminder? ____ **Yes** ____ **No**

If so, do you prefer we call or email you? ____ **Call me at this number** _____

____ **Email me at this address:** _____

Emergency Contact Name: _____

Emergency Contact's Relationship to the Client: _____

Emergency Contact's Phone Number: _____

Referred to the office by:

Referral's Name: _____

Referral's Address: _____