
CLIENT CONTACT INFORMATION SHEET

New Horizons Counseling/Institute of Advanced Studies

(760) 369-0294

nhdesertcounseling@gmail.com

57466 Twentynine Palms Highway, Suite D. Yucca
Valley, California 92284

CONTACT INFORMATION

Name: _____

Primary Phone: (_____) _____ - _____

Birth Date: (MM/DD/YYYY) ____/____/____

Secondary Phone: (_____) _____ - _____

Age: _____

May We Leave A Voicemail?

Gender: _____

Yes: _____ No: _____

Pronouns: _____

Address: _____

Email: _____

City: _____

May We Send You An Email?

State: _____ Zip: _____

Yes: _____ No: _____

OCCUPATION INFORMATION

Employer: _____

Job

Title: _____

Work Phone: (_____) _____ - _____

Address: _____

May We Call this Number?

City: _____

Yes: _____ No: _____

State: _____ Zip: _____

EMERGENCY CONTACT INFORMATION

Name: _____

Phone: (_____) _____ - _____

Relationship: _____

May We Call this Number?

Email: _____

Yes: _____ No: _____

PLEASE NOTE:

EMAIL CORRESPONDENCE IS NOT CONSIDERED TO BE A CONFIDENTIAL MEDIUM OF COMMUNICATION UNLESS SENT USING AN ENCRYPTED SERVER.