



# WESTLAKE VILLAGE THERAPISTS

## Confidential Client Information

Name of Client: \_\_\_\_\_

Name of financially responsible party: \_\_\_\_\_

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

Phone Number \_\_\_\_\_

Can Therapist leave message? \_\_\_\_\_

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

Relationship to Client? \_\_\_\_\_

May we use this information to contact you? \_\_\_\_\_