Audrey A. Simmons, LMHC
Audrey Simmons LMHC PA
738 8th Street
Clermont, FL 34711
Telephone: 407-865-2722

CLIENT PROFILE

NAME:____

ADDRESS:____

____

EMAIL ADDRESS:____

PHONE:________________**HOME**___________________**CELL**______________**WORK**

DATE OF BIRTH:____

REFERRAL SOURCE:_____________________**PHONE:**________________________

FAMILY PHYSICIAN:______________________**PHONE:**________________________

MEDICATIONS:____

ALLERGIES:____

EMERGENCY CONTACT: ________________________**PHONE:**___________________

I have received and understand the Welcome letter outlining confidentiality, scheduling, cancellation policies and fees and agree to adhere to these procedures.

Client Signature:_____________________________**Date:**_____________________

Counselor Signature:_____________________________**Date:**_____________________