



## CONTACT PREFERENCE

Client Name:

Date of Birth:

Case #:

The Counseling Center collects contact preference information from everyone we serve. Collecting this information will allow us to send appointment reminders. Please indicate below how you would prefer to be contacted along with your contact information. Thank you for your assistance.

Telephone Call/Voice Message

Text Message

Current/Preferred Telephone Number: \_\_\_\_\_

Do Not Contact Me for Appointment Reminders

Signature: \_\_\_\_\_ Date: \_\_\_\_\_