## **CLIENT CONTACT INFORMATION SHEET**

## Marilee Snyder, LCSW

(303) 669-9787 boulderlcsw@Aol.com 1120 W. South Boulder Rd. Suite G-101 Lafayette, Colorado 80026

Birth Date:/	/ Age:					
Gender: □ Male □ Female						
Name:						
Address (Street and N	umber):		· · · · · · · · · · · · · · · · · · ·			
City:	_ State:	Zip:	<del> </del>	_		
Home Phone: () _						
May We Leave a Mess ☐ Yes ☐ No	age					
Cell/Other Phone: (	_)					
May We Leave a Mess  ☐ Yes  ☐ No	age					
E-mail:						
May We Email You?  ☐ Yes ☐ No						
*Please note: Email co	orrespondence is not	considered to	be a confi	dential med	dium of comm	unication.
Occupation:						
Place of Employment:			_			
Work Number: ()						
If needed, is it OK to c  Yes  No  Emergency Contact						
Name:	F	Relationship:_				
Phone Number: (	) -					