



**Gage Counseling
& Consulting, LLC**

Contact Information Update Form

The purpose of this form is to keep your contact information and preferences up to date. Please remember to update your information on file any time you move, change phone numbers, change insurance companies, or would like to consider your preferences for appointment reminders. This information is kept confidential. Any appointment reminder services used will be HIPAA compliant.

Name _____
(first) (middle) (last)

Address: _____
(street name, apartment number)

(city, state, zip)

Phone numbers: *home* _____ *cell* _____
work _____ *other* _____

Email address: _____

Alternate email: _____

Special instructions (*work calls, text reminders, emails, etc.*): _____

Please sign below if you would like to grant permission for me to use the above contact information to leave messages and/or appointment reminders.

Client signature *date*

Guardian signature *date*