



**Sandalwood**  
Counseling LLC

Dr. Shannon Lilja DBH, LPC LMHC CDP CAD-C-II

**NEW CLIENT INFORMATION**

Today's date: \_\_\_\_\_

Client's name: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address/City/ST/Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Okay to leave message?  Yes  No

Alt phone: \_\_\_\_\_

Okay to leave message?  Yes  No

HIPPA and 42 CFR Part 2 are regulations that protect your privacy and enhance confidentiality. You may send emails or texts to me but privacy and confidentiality is not guaranteed (in large part because each are electronic data and visible across cyberspace). I will only respond to inquiries related to scheduling or other administrative topics AND I will delete the email or text once the communication episode is completed. If you do send an email of clinical depth or significance, I will print it off and add it to your chart notes, to be included to your clinical record.

To protect your rights, I ask that you provide explicit permission to communicate electronically. Emails and texting are considered 'data' and are not considered confidential; therefore an explicit consent is required.

*By initialing below, you are providing permission to communicate electronically...*

Is it okay to send/receive short texts about non-therapeutic issues (appts, billing, etc)?

Yes  No

Phone number to text: \_\_\_\_\_

Your initials \_\_\_\_\_

Is it okay to send/receive short emails about non-therapeutic issues (appts, billing, etc)?

Yes  No

Email address: \_\_\_\_\_

Your initials \_\_\_\_\_

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Relationship status:  Married /Partnered  Separated

Dating/In relationship  Single/Not in Relationship

Living with:  Self  Roommate  Partner/Spouse  Children  Parents

Employed?  Student?  Neither  Other: \_\_\_\_\_

Do you have any medical conditions or issues? \_\_\_\_\_

Please list any medications you are presently taking: \_\_\_\_\_

How did you hear about Sandalwood Counseling/Shannon Lilja? \_\_\_\_\_

Thank you for completing this form.  
If you have any questions about this form, please ask ☺

Client Signature: \_\_\_\_\_

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