



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.

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 scheduling or appointment times? Yes No
Phone number to text: _____ Ct initials _____

Is it okay to send/receive short emails about scheduling or appointment times? Yes No
Email address: _____ Ct initials _____

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Relationship status: Married Living w/partner Separated
 Dating/In relationship Not in relationship Other: _____

Living with: Self Roommate Partner Children Parents

Employed? Yes No If yes, where/type of work: _____

Student? Yes No If yes, where/year: _____

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: _____