JFS Richmond
Care • Counseling • Adoption 6716 Patterson Ave., Richmond, VA 23226 **Phone**: 804.282-5644 **Fax**: 804.673-2061

CLIENT INFORMATION SHEET

Please answer all questions. Information will remain strictly confidential

Name: Mr. Mrs. Ms. Miss_____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Social Security Number: _____Preferred Phone Number: _____

May we contact you by phone ___ YES ___ NO If YES, may we leave a message at that number? ____ YES ____NO

Email address: _____ May we email you? ____ YES ____ NO

Emergency Contact: _____ Phone: _____

Name of your Primary Care Physician: _____ Phone: _____

Name of Spouse/Partner:_____

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Name of school if client is a student: _____

Name of Employer: _____ Occupation: _____

Address: _____ Phone Number: _____

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Acknowledgment of Receipt of JFS Privacy Practices:
I have received and read the JFS Notice of Privacy Practices. I understand that, if I have any question about the terms of JFS' Privacy Policies, I may contact the JFS Privacy Officer for clarification.

INITIAL: _____

Acknowledgment of Receipt of JFS Welcome Letter and Consent to Receive Treatment from JFS:
I have received and read the JFS Welcome Letter. I fully understand this information and agree to abide by its terms during our professional relationship. I have had my questions answered to my satisfaction. I agree to participate in treatment at JFS, and I understand I have the right to revoke this authorization, and that I can renegotiate the terms of this agreement at any time, in writing by sending such notification to JFS, 6718 Patterson Avenue, Richmond, VA 23226.

INITIAL: _____

SIGNATURE: _____ **DATE**_____

FOR CLINICIAN USE ONLY: Client will be receiving treatment for : _____