

# Susan Bates, MA, LCDC

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## Client Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Referred by: \_\_\_\_\_

### **If you are a Minor:**

Contact Info for Parent or Legal Guardian:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_