

**Leslie Connolly Coaching**

25 Middle Street Portland Maine 04101  
lconnollylcsw@gmail.com 207-831-9871

Client Name:

Date:

DOB:

Address: City: State: Zip:

Cell: (home/work)

Ok to leave voicemail? Yes\_\_ No\_\_\_\_\_ Ok to text message? Yes\_\_\_\_ No\_\_\_\_\_

Email:

I understand that Leslie Connolly, LCSW is not able to provide encryption for emails. I give permission to Leslie Connolly, LCSW to contact me at this email address: **Y**

Referred by:

Highest grade/Degree: Currently employed: Occupation/Position:

Gender: Marital Status:

Guardian (if minor):\_\_\_\_\_ Phone:\_\_\_\_\_

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

Relationship;

Concerns that brought you to coaching:

I understand that I am personally responsible for missed appointments (\$100 fee) if I do not notify Leslie Connolly 24 hours in advance. I hereby authorize permission for coaching with Leslie Connolly, LCSW. I have read this form and understand its contents.

Signature:

Date:

Name Printed :