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Client Info Change/Update Form

Full Name: _____ Today's Date: _____

Date of Birth: _____ Pronouns: _____

Address: _____

City, State, Zip: _____

Phone: _____

OK to call this phone number, OK to leave a voicemail, OK to text this phone number

Email: _____ OK email me at this address

Employment Status: _____ Job Title (if applicable): _____

Do you have insurance? YES NO If yes, who is your insurance provider? _____

I understand that you do not accept insurance at this time.

Have you had a change in payment type? YES NO

**If there has been a change, please complete a new Credit Card Authorization Form*

Emergency Contact: *In the event that an emergency arises, what is the name and phone number of someone that we may contact?* _____

Client Signature

Date