



Dr. Rebecca I. Howard, PsyD, LLC

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Name of Client(s): _____

Age(s): _____

Address: _____

Phone Numbers: _____

(include cell numbers, work numbers, or wherever is easiest to reach you)

Describe any confidentiality considerations you would like me to take when using the above contact numbers:

Referral Source: _____

I often thank referrals for sending you my way. Is this okay with you? _____
(This only applies to other providers- not friends or past clients)

Emergency Contacts

Name of one or more emergency contacts and relationship(s) to you:

Phone #'s: _____

Signature(s) _____ Date: _____