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Client Information

Last Name: _____ First: _____

Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ email: _____

Work phone: _____ Cell phone: _____

What is the best number to call and leave a message for you: _____

Are there any number(s) I should not call and leave messages: _____

Employer: _____

Reason for seeking treatment:

Current medications: _____

Dose: _____

Dose: _____

Dose: _____

Dose: _____

Name of medical provider: _____ Phone
#: _____

Name of psychiatrist: _____ Phone
#: _____

Previous Counseling Experience:

Was your previous experience helpful?

Emergency Contact Information:

Name: _____

Phone: _____

Relationship to client: _____

Referral Information:

Referred by: _____

Contacting Me:

You can contact me at any time at 703-443-1007 or via email at lisawilliamslicsw@aol.com. I will get back to you as soon as possible. I generally check messages several times a day. If you have an emergency, do not hesitate to call 911 or the Loudoun County Emergency Services at 703-777-0320.

Payment Information:

I collect payment at the beginning of each session. That way, we can get the business details out of the way and focus on our session. I accept most major credit cards, cash and checks. There is a \$75.00 charge for appointments cancelled less than 24 hours before the scheduled session. There is no charge for cancellations due to inclement weather.

Signature

Date