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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. The full session charge will be applied to all appointments cancelled less than 24 hours of the appointment. There is no charge for cancellations due to inclement weather.

_ Signature

Date