



MARSTON JAMES, LMFT

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CLIENT CONTACT INFORMATION SHEET

Name: _____

Birth Date: ____/____/____ Age: _____

Sex: Male Female Other: _____

Gender Identity: _____ Preferred Pronouns: _____

Sexual Orientation: _____

Address (Street and Number): _____

City: _____ State: _____ Zip: _____

Home Phone: (____) ____ - ____.

May I Leave a Message? Yes No

Cell Phone: (____) ____ - ____.

May I Leave a Message? Yes No Do You Prefer a Text? Yes No

E-mail: _____

May I Email You? Yes No

***Please note:** Email and Text correspondence is not considered to be a confidential medium of communication. These forms of communication would primarily be used for scheduling purposes.

Occupation:

Type of Employment: _____

Place of Employment: _____

Work Number: (____) ____ - ____.

If needed, is it OK to call here? Yes No

Emergency Contact:

Name: _____ Relationship: _____

Phone Number: (____) ____ - ____.