

**ALMA THERAPY**  
**JANETTE S. CORDERO, LCSW-S**  
**p: 512.522.2067**  
**f: 512.201.2991**



### CLIENT CONTACT INFORMATION

Contact information will become a part of your **confidential** record.

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Would you like to receive appointment reminders via text message? (24 hours prior to appointment)

- Yes
- No

Would you like to receive appointment reminders via email? (48 hours prior to appointment)

- Yes
- No

Current Physician: \_\_\_\_\_

Current Psychiatrist: \_\_\_\_\_

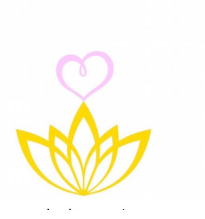
Previous therapist: \_\_\_\_\_

List of current medications and length of use: \_\_\_\_\_

Do you have a medical condition that may need attention during sessions?

- Yes
- No

**ALMA THERAPY**  
**JANETTE S. CORDERO, LCSW-S**  
**p: 512.522.2067**  
**f: 512.201.2991**



If so, please specify: \_\_\_\_\_  
\_\_\_\_\_

Emergency contact name & relation: \_\_\_\_\_

Emergency contact phone number: \_\_\_\_\_

Referred by/How did you hear about Janette Cordero, LCSW-S: \_\_\_\_\_

Date of first session: \_\_\_\_\_

\*please use the back of this page for any additional information that you would like to communicate