



CLIENT NAME: _____

Landline (home) phone number: _____

Cell phone number 1: _____ This number belongs to (name): _____

Cell phone number 2: _____ This number belongs to (name): _____

Work number 1: _____ This number belongs to (name): _____

Work number 2: _____ This number belongs to (name): _____

Email address: _____

This email belongs to (name): _____

REMINDER RELEASE:

Please check one (1) option below for how you would like reminders.

You can refuse to have a reminder.

I do NOT want an appointment reminder

Phone reminder Only

➤ Please call my (circle one): Landline Cell #1 Cell #2 Work #1 Work #2

Text Reminder Only

➤ Please text (circle one): Cell #1 Cell #2

Email Reminder Only

Email and Phone Reminder

➤ Please call my (circle one): Landline Cell #1 Cell #2 Work #1 Work #2

Email and Text Reminder

➤ Please text my (circle one): Cell #1 Cell #2

(Sorry, Phone and Text reminders together is not an option)

***By Signing below, I am authorizing New Perspectives Center to remind me of appointments. I can request that New Perspectives Center stop sending reminders to me at any time.**

(Client Signature/Guardian signature if client is a minor)

(Date)