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Client Communication Preferences

I would like to be contacted in reference to care by (please check and fill in *all that apply*):

Home Telephone #: _____

Okay to leave message with detailed information

Please leave a message with a call back number only

Work Phone #: _____

Okay to leave message with detailed information

Please leave a message with a call back number only

Cell Phone #: _____ OR _____

Okay to leave message with detailed information

Please leave a message with a call back number only

Confirmation text regarding upcoming appointment

Email Address(es): _____

Okay to leave message for office closings due only to **inclement weather** or closings due to **extenuating circumstances**

Print Name _____

Client Signature _____ Date _____

(or legally responsible party for minor)