RESTORATION
COUNSELING SERVICES
*Hope, healing and a new way to live*

1900 North 175th Street Shoreline, WA 98133 206.533.9984 www.restorationcounseling.org
RECOVERY GROUPS • THERAPY – MARRIAGE/FAMILY & INDIVIDUALS • SPIRITUAL DIRECTION

# Client Contact Information

Date _____

Client Name(s): _____ ☐ Male ☐ Female

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Calls preferred at: OK to leave message

Primary Contact Number: _____ ☐ Home ☐ Cell

Other Contact Number(s):_____ _____

Email Address: _____

In case of emergency please contact _____
(name)

_____
(relationship) (phone)

**If Billing Insurance:**

Client Date of Birth: _____

Card Holder Name & Date of Birth: _____
(If different from Client – Name as it appears on card)

Insurance Company: _____
(Will need to make copy of insurance card – Front & Back)