



Joan E. Tucker, MACC, LPCC, LISW Director

Olive Branch Counseling Center, LLC.

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CLIENT INFORMATION SHEET

First Name	Middle Initial	Last Name	
Street Address			
City	State	Zip	
Home Phone	Cell Phone (optional)	Date of Birth	
Marital Status	Social Security Number	Sex: M/F	Student Status
Employer	Work Phone		

Street Address	City, State, Zip	
City	State	Zip

OK to call home _____ Cell Phone _____ OK to leave message at home/cell phone _____
 OK to call work _____ OK to leave message at work _____
 OK to email _____@_____ Text _____

(Disclaimer: electronic mail is not considered completely confidential)

Email and/or Text communication will be for the purposes of setting up appointments or forwarding information discussed in sessions. No clinical information will be communicated through these forms of communication.

In the event of an emergency, please contact:

First & Last Name	Relationship to client
/	
Address	Phone numbers