

**My Quiet Place, Mental Health Counseling**

**Marina Krugolets, LMHC, LPC**

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201-247-2582

**Contact Information Sheet**

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

(Street & Number), (City, Zip)

\_\_\_\_\_

Home Phone:

Cell/Other Phone:

May we leave a message?  Yes  No May we leave a message?  Yes  No

**Emergency Contact:**

Name:

\_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

**Occupation:** \_\_\_\_\_

Place of Employment:

\_\_\_\_\_

Work number: \_\_\_\_\_ If needed, is it ok to call here? \_\_\_\_\_

**Cancellation policy:** my dear client, please note that there is a 24-hour cancellation policy. Please try your best to contact me in advance if you need to reschedule/cancel your appointment! A late cancellation fee of \$25 will be applied to your next invoice for a missed session. Please understand that the missed appointment window could have been given to another person in need. Thank you for your cooperation