

## Contact Information Sheet

### Peace and Balance Counseling

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

**Name:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

(Street and Number)

\_\_\_\_\_

(City)

(State)

(Zip)

**Home Phone:** (        )

May we leave a message?  Yes  No

**Cell/Other Phone:** (        )

May we leave a message?  Yes  No

**E-mail:** \_\_\_\_\_

May we email you?  Yes  No

\*Please note: Email correspondence is not considered to be a confidential medium of communication.

**Emergency Contact:**

Name:

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

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

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

Place of Employment:

\_\_\_\_\_

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