## KAREN OSTERLE, MSSA, LICSW

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(202) 744-2922

## **Basic Contact Information (Couples)**

Names : 1. 2.		Today's Date:
Complete Mailing Address (or Each P	erson's Address,	If Not Living Together):
First Person's Contact Consent & I	-	Permission to communicate w/ you, leave voicemail or text messages? (If yes, please type your initials here, below.)
1. Phone Numbers (w/ area codes)	Mobile:	_
	Home	_
	Work:	_
Your Private Email Address:		_
all e-mails that go through them, and so the privacy	and confidentiality of su	rely easily due to all servers' unlimited and direct access to ach communication can be compromised. For this reason, or caveats about leaving email, voice or text messages:
DATE OF BIRTH for the first persor	n, above:	
Second Person's Contact Consent 2. Phone Numbers (w/ area codes)	& Info Mobile:	Permission to communicate w/ you, leave voicemail or text messages? (If yes, please type your initials here, below.)
	Home:	_
	Work:	_
Your Private Email Address:		
all e-mails that go through them, and so the privacy please let me know here if there are any specific	and confidentiality of su	rely easily due to all servers' unlimited and direct access to ach communication can be compromised. For this reason, or caveats about leaving email, voice or text messages:
*		

DATE OF BIRTH for the second person, above:

And finally, who referred you to me?