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Helping people focus on the Light when the shadow feels overwhelming.

Client Contact Information Sheet

Name: _____ Birth Date: ___/___/____ Age: _____

Gender: Female Male Transgender Non-binary Prefer to self-describe: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone (____) _____ - _____ May we leave a message Yes No

Cell/Mobile Phone: (____) _____ - _____ May we leave a message Yes No

Preferred Email: _____ May we email you Yes No

- Please note: Email correspondence is not considered to be a confidential medium of communication. If you would like to correspond by HIPAA compliant email please only send emails through the sprucecare application.

Place of employment: _____

Job title: _____

Work number (____) _____ - _____ Can we call Yes No / May we leave a message Yes No

Emergency Contact: Name: _____ Number: (____) _____ - _____

Relationship: _____