

Floyd Covey, D.D.; Th. D.; Ph. D.; C. Carm. of C.T.P.; O.SS.T.

Bishop / Priest / Psychologist / Monk

Counseling from a Christian View

Soul Care and Wisdom Guidance

## TELEPHONE CONTACT PERMISSION FORM

In the event that our office needs to contact you by telephone for any reason, please indicate your preferences. Please rank from 1-3 the order in which you prefer we use

\_\_\_\_\_ **HOME PHONE #**  
\_\_\_\_\_  
Area Code – Phone number

\_\_\_\_\_ Only to you  
\_\_\_\_\_ Voice Mail/Answering Machine  
\_\_\_\_\_ Anyone who answers  
\_\_\_\_\_ Specific Persons – LIST  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **CELL PHONE #**  
\_\_\_\_\_  
Area Code – Phone number

\_\_\_\_\_ Only to you  
\_\_\_\_\_ Voice Mail/Answering Machine  
\_\_\_\_\_ Anyone who answers  
\_\_\_\_\_ Specific Persons – LIST  
\_\_\_\_\_ Can we text you at this number  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **WORK PHONE #**  
\_\_\_\_\_  
Area Code – Phone number

\_\_\_\_\_ Only to you  
\_\_\_\_\_ Voice Mail/Answering Machine  
\_\_\_\_\_ Anyone who answers  
\_\_\_\_\_ Specific Persons – LIST  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List your email address if we may contact you via email for appointment reminders.**

\_\_\_\_\_ @ \_\_\_\_\_

.....  
Name of Patient: \_\_\_\_\_

Signature of Patient \_\_\_\_\_ Date: \_\_\_\_\_

Name of Guardian, (If Patient is a Minor): \_\_\_\_\_

Relationship of Guardian to Patient: \_\_\_\_\_

Signature of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_