

Brenda J. Hafner, M.S.W.

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS, CITY, STATE, ZIP:  
\_\_\_\_\_

PHONE # HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

WHERE MAY I LEAVE MESSAGES? \_\_\_\_\_ e-mail address: \_\_\_\_\_

NAME OF REFERRAL SOURCE: \_\_\_\_\_

MAY I SEND A LETTER TO THE ABOVE PERSON, THANKING THEM FOR THE REFERRAL AND ACKNOWLEDGING TO THAT PERSON THAT YOU HAVE FOLLOWED THROUGH WITH AN APPOINTMENT? (No session content will be revealed.)  
YES NO

MAY I SEND YOU A NEWSLETTER? YES NO

PLEASE LIST ANY HEALTH PROFESSIONALS YOU SEE ON A REGULAR BASIS AND REASONS FOR SEEING:  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST ANY FURTHER INFORMATION YOU BELIEVE IT WOULD BE IMPORTANT TO NOTE:  
\_\_\_\_\_  
\_\_\_\_\_

WHAT ARE YOUR INTENTIONS / GOALS FOR OUR WORK TOGETHER?  
\_\_\_\_\_  
\_\_\_\_\_

I VOLUNTARILY GIVE PERMISSION FOR SERVICES FROM BRENDA HAFNER. I UNDERSTAND I MAY DISCONTINUE SERVICES AT ANY TIME.

I UNDERSTAND THE SERVICES PROVIDED ARE COMPLETELY SEPARATE FROM BRENDA'S LICENSING AS A SOCIAL WORKER.

I UNDERSTAND I AM SOLELY RESPONSIBLE FOR THE DECISIONS AND CHOICES I MAKE AND THAT INFORMATION MAY BE LITERAL OR SYMBOLIC.

I UNDERSTAND THAT, THOUGH I WORK IN CONCERT WITH OTHERS, I AM RESPONSIBLE FOR MY HEALING JOURNEY.

\_\_\_\_\_  
SIGNATURE & DATE