



CLIENT CONTACT INFORMATION

By signing this form, I acknowledge that I have read and understand the form entitled, **Informed Consent and Release**. I agree to the statements, conditions and limitations indicated in the form. Further, I hereby acknowledge that I received a copy of the provider's **Notice of Privacy Rights**.

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Guardian Signature: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Is it okay to leave a message on your home phone?  Yes  No

Is it okay to leave a message on your cell phone?  Yes  No

Email Address: \_\_\_\_\_

Is it okay to contact you via email?  Yes  No

**Emergency Contact:**

Name: \_\_\_\_\_

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

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