



# Kindred Counseling Center

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## Updated Client Contact Information Form

For legal, ethical, and safety reasons it is important that I have the most up-to-date contact information for clients and emergency contacts. Please complete the information below and sign the form. I'm happy to discuss any questions you might have.

Today's Date:

Therapist: Meghan Jerry, LMFT, CST

### General Client Information

Name (First M.I. Last):

DOB:

Age:

Preferred Name/Nickname:

Address 1:

Address 2:

City:

State:

Zip:

Nearest Emergency Room:

Phone:

Nearest Police Station:

Phone:

Cell Phone:

May I leave a voice message?

Yes  No

May I send text messages to your cell phone?  Yes  No

Work Phone:

May I leave a voice message?

Yes  No

May I send you email?

Yes  No

Home Phone:

May I leave a voice message?

Yes  No

Email Address:

### Emergency Contact Information

Name (First M.I. Last):

Relation to Client:

Address 1:

Address 2:

City:

State:

Zip:

Cell Phone:

Work Phone:

### Acknowledgment and Consent

By signing this document, I indicate all of the information that I have provided is accurate and complete according to my current knowledge. I consent for my therapist to contact me via the methods above. Additionally, **in case of emergency** I give my permission and consent for my therapist to contact the person listed above as my emergency contact. I give my consent for my therapist to provide this person with as much information as needed to attempt to avoid a dangerous or potentially life-threatening emergency.

Printed Name of Client

Signature of Client

Date