



Kindred Counseling Center

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Doylestown

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Suite 306

Doylestown, PA 18901

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