



Client Information Form

Client's Full Legal Name: _____

Nickname / Prefer to be called: _____

Date of Birth: _____ Gender: _____

Marital Status: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number: _____ Type of Phone: _____

Is it OK to call you at this number? _____ voicemail? _____ Text? _____

Alternate Phone Number: _____ Type of Phone: _____

Is it OK to call you at this number? _____ voicemail? _____

Email Address: _____ |

understand that it is essential for Pathways TC to have accurate demographic and contact information throughout the length of my treatment. The information listed above is accurate and complete. I agree to notify Pathways Therapy Center immediately any time this information changes.

Emergency Contact

Although it is rare, there are times when your therapist may feel it is necessary to contact your emergency contact person. Examples include but are not limited to medical emergencies that may occur

while you are attending a session, when a concern for your safety or well-being arises during an appointment, or the inability of a Pathways TC representative to reach you via your listed contact methods when there is a concern for your safety or well-being. Please provide as much contact information as possible about each of your emergency contacts to ensure that we are able to reach someone in case of an emergency. At a minimum, each contact must have one telephone number listed.

Emergency Contacts

Please list someone living in your household that we can contact in case of an emergency:

*If you live alone, please list your closest family member / friend that lives in the same city.

Name: _____

Relationship to Client: _____

Telephone Number (Required): _____

Alternate Number: _____

Email Address: _____

Please list someone not currently living in your household that we can contact in case of an emergency:

Name: _____

Relationship to Client: _____

Telephone Number (Required): _____

Alternate Number: _____

Email Address: _____

Signature: _____ Date: _____

