E-Therapy Emergency Contact Information Form

Client Information

Full Name

Date of Birth

Address

Phone Number

Email

Emergency Contact Information

Please provide at least one emergency contact.

Contact Name

Relationship

Phone Number

Email

Secondary Emergency Contact (optional)

Contact Name

Relationship

[   ]

Phone Number

[   ]

Email

[   ]

Local Emergency Resources

Please list the phone number and location (address/city) of your local emergency services (e.g., Police, Hospital).

Local Police

[   ]

Nearest Hospital

[   ]

Other Relevant Local Resources

[   ]

Additional Information

Anything else your therapist should know in the event of an emergency

[   ]