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[www.juliedbrunopsyd.com](http://www.juliedbrunopsyd.com)

### Emergency Contact Information

Client's Name: \_\_\_\_\_

Therapist's Name: \_\_\_\_\_

Known Allergies/Medical Conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary Care Physician:

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

Primary Emergency Contact

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

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Do we have your permission to contact in emergency? Yes \_\_\_ No \_\_\_

Alternative Emergency Contact:

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

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Do we have your permission to contact in emergency? Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
Signature of Client or Guardian

\_\_\_\_\_  
Date