



Client Contact Information Sheet

Name	
Birthdate/Age	
Gender:	
Address (Street & Number):	
City/State/ZIP	
Home Phone:	
May We Leave a Message:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell/Other Phone:	
May We Leave a Message:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email:	
May We Email You?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*Please note: Email correspondence is not considered to be a confidential medium of communication. Correspondence through "Spruce Care" is HIPAA compliant</i>	

Place of Employment	Occupation	Work Phone Number
If needed, is it okay to call here?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Emergency Contacts	Phone Number	Relationship	
Important note: By putting names & contact information, you are hereby giving permission to contact said people to be contacted IN THE CASE of an EMERGENCY.			

Printed Name:	
Signature:	
Date:	

CHCS receive date:

Staff Signature: