

# CLIENT CONTACT INFORMATION SHEET

## ADA G. FREEMAN SYNERGY WELLNESS CLINIC, PLLC

919-734-2222  
ada@synergywellnessclinic.com  
201 N Spence Avenue, Suite 306  
Goldsboro, North Carolina 27534

### CONTACT INFORMATION

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

Primary Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Birth Date: (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

Secondary Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Age: \_\_\_\_

May We Leave A Voicemail?

Gender: \_\_\_\_\_

Yes: \_\_\_\_ No: \_\_\_\_

Pronouns: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

City: \_\_\_\_\_

May We Send You An Email?

State: \_\_\_\_ Zip: \_\_\_\_\_

Yes: \_\_\_\_ No: \_\_\_\_

### OCCUPATION INFORMATION

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Work Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_

May We Call this Number?

City: \_\_\_\_\_

Yes: \_\_\_\_ No: \_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

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

Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

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

May We Call this Number?

Email: \_\_\_\_\_

Yes: \_\_\_\_ No: \_\_\_\_

### PLEASE NOTE:

**EMAIL CORRESPONDENCE IS NOT CONSIDERED TO BE A CONFIDENTIAL MEDIUM OF COMMUNICATION  
UNLESS SENT USING AN ENCRYPTED SERVER.**