

# CLIENT CONTACT INFORMATION SHEET

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## ALYSSA CHIMIKLIS THRIVE HEALTH

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dr.alyssa@outlook.com  
Serving Clients In Texas, New York, & California

### 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.**