

# CLIENT CONTACT INFORMATION SHEET

---

## Freedom Behavioral Health

(304) 840-6767  
arakstevens13@gmail.com  
3244 US RT 60, Suite 31  
Huntington, West Virginia 25705

## 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.**