

CLIENT CONTACT INFORMATION SHEET

Rock Bottom Recovery and Treatment Services PLLC

208-272-1355
steve.rockbottomrecovery@gmail.com
9492 W Fairview Ave
Boise, Idaho 83704

CONTACT INFORMATION

Name: _____

Birth Date: (MM/DD/YYYY) ____ / ____ / ____

Age: ____

Gender: _____

Pronouns: _____

Email: _____

May We Send You An Email?

Yes: ____ No: ____

Primary Phone: (____) ____ - ____

Secondary Phone: (____) ____ - ____

May We Leave A Voicemail?

Yes: ____ No: ____

Address: _____

City: _____

State: ____ **Zip:** _____

OCCUPATION INFORMATION

Employer: _____

Work Phone: (____) ____ - ____

May We Call this Number?

Yes: ____ No: ____

Job Title: _____

Address: _____

City: _____

State: ____ **Zip:** _____

EMERGENCY CONTACT INFORMATION

Name: _____

Relationship: _____

Email: _____

Phone: (____) ____ - ____

May We Call this Number?

Yes: ____ No: ____

PLEASE NOTE:

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