

---

## Client Emergency Information

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### In an emergency, please contact

Name: \_\_\_\_\_ Relation to you: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### If the above individual is not available in an emergency, please contact

Name: \_\_\_\_\_ Relation to you: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### Medical Information

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_

Medical conditions we should be aware of \_\_\_\_\_

Current Medications: \_\_\_\_\_

In the event of an emergency, I authorize Lyndsey Fraser, MA, LMFT to use the above information. It is accurate to the best of my knowledge.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency backup plan