

Adult Client Contact Information

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

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Secondary Contact:

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

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Alternate Contact:

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

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

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

\_\_\_\_\_ I grant permission for the Ludden Speech and Language Clinic to contact me at any of my telephone numbers listed above.

\_\_\_\_\_ I grant permission for the Ludden Speech and Language Clinic to leave messages regarding appointments or scheduling, and requests for me to call the Clinic at the telephone numbers or email addresses indicated above.

\_\_\_\_\_ I grant permission for the Ludden Speech and Language Clinic to contact either of the Emergency Contact Persons at the telephone numbers or email addresses listed above when I cannot be reached and to leave messages with those persons.

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

Signature of Legal Guardian (If Applicable): \_\_\_\_\_

Date \_\_\_\_\_