



Get it in gear

H.O.P.E. Psychotherapy of Houston, PLLC

www.HopePsychotherapyOfHouston.com

Emergency Contact Information

Patient Name: _____ DOB: ___ / ___ / ___ Age: _____

Person to contact in the event of an emergency: _____

Relationship: _____

Home Phone: (____) _____ Cell: (____) _____ Other: (____) _____

By signing below I give permission for affiliates of H.O.P.E. Psychotherapy of Houston, PLLC to contact the above individual and discuss my situation in the event of a medical and/or psychiatric emergency.

Signature of Patient/Parent or Guardian if patient is a minor

Date

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