

# CLIENT CONTACT INFORMATION SHEET

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**New Beginnings Therapeutic Center**

newbeginningstherapeuticcenter.com

301-806-8495

2000 P Street NW 740

Washington, District of Columbia 20036

info@dregetachew.com

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_

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

Address (Street and Number): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

May We Leave a Message

☐ Yes

☐ No

Cell/Other Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

May We Leave a Message

☐ Yes

☐ No

E-mail:

May We Email You?

☐ Yes

☐ No

\*Please note: Email correspondence is not considered to be a confidential medium of communication.

**Occupation:**

Place of Employment: \_\_\_\_\_

Work Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

If needed, is it OK to call here?

☐ Yes

☐ No

**Emergency Contact:**

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

Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_