

# Houston Psychotherapists, Inc.

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[www.HoustonPsychotherapists.com](http://www.HoustonPsychotherapists.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 Houston Psychotherapists, Inc. 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