

Client name: _____ Birth Date: _____

Address: _____ City/State: _____ Zip: _____

Phone/s : _____

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List your number and type of number (home, cell, work). List only the numbers you wish us to use to contact you.

Email address : _____

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Do not list an email address if you prefer not to receive email, if you believe email may not be confidential, or if you do not check your email regularly and might not receive messages from Dr. King. Please list only personal email addresses, not ones provided to you by an employer.

Emergency Contact Person: _____ Phone: _____

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A person to call if you should become ill or incapacitated during an appointment.

Your Attorney: _____

Signature

Date signed