



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

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

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