



Kimberly Le, MA, LPC, LCDC  
[www.kimletherapy.com](http://www.kimletherapy.com)

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## Emergency Contact Information

Client 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 Kim Le Therapy to contact the above individual and discuss my situation in the event of a medical and/or psychiatric emergency.

\_\_\_\_\_  
Signature of Client/Parent or Legal Guardian if client is a minor

\_\_\_\_\_  
Date