

# Fort Lauderdale Therapy Center

1975 E. Sunrise Blvd.  
Suite 517  
Fort Lauderdale, FL 33304

954-945-0288  
contact@fortlauderdaletherapycenter.com

## Contact Information Sheet

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Name:

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Address:

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(Street and Number)

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(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.

**Emergency Contact:**

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

Phone number: \_\_\_\_\_

**Occupation:** \_\_\_\_\_

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

Work number: \_\_\_\_\_ If needed, is it ok to call here? \_\_\_\_\_