

CONFIDENTIAL CLIENT CONTACT INFORMATION

NAME: _____ STUDENT ID#: _____ TODAY'S DATE: ____/____/____

ADDRESS: _____ City: _____ Zip: _____

Occasionally, we need to send something to a client. May we send something to you at this address? Yes No

TELEPHONE

Please indicate whether we can call each number and leave a message if you are not there. Anyone calling from Counseling Services will state their name and may indicate that they are calling from Cal State San Marcos, but will not state that they are calling from Counseling Services.

	O.K. to call?	O.K. to leave a message?	Best days/times to contact
Home: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Work: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Cell/Pager: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Which of the above is your preferred number if we need to call you? _____

Special instructions for contacting you? _____

Email address: _____

EMERGENCY CONTACTS: Please indicate who we should contact in case of emergency.

Name: _____ Relationship to you: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell/Pager: _____

Special instructions if needing to contact this person? _____

Name: _____ Relationship to you: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell/Pager: _____

Special instructions if needing to contact this person? _____