

**UNLIMITED CHOICES TO RECOVERY**  
**FOLLOW-UP CONTACT INFORMATION SHEET**

**(Form Must Be Completed During Admission)**

**CLIENT NAME:** \_\_\_\_\_

**Nicknames/Aliases Used:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

**Name:** \_\_\_\_\_

**Relationship to Client:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_