



UPDATE INFORMATION

Name of Client (please print) _____

Address _____ City _____ State _____ Zip _____

Marital Status _____
(single, married, divorced, widowed)

Employment _____

Home Phone _____ May we leave a message? Yes No

Cell Phone _____ May we leave a message? Yes No

Work Phone _____ May we leave a message? Yes No

Insurance _____ ID Number _____

CONTACT INFORMATION

Previous Name _____ Phone # _____

Relationship to you _____

The consent to contact this person is revoked as of _____

New Contact Name _____ Phone # _____

Relationship to you _____

Contact **ONLY** for medical emergency? Yes No
Contact about **ANY** information? Yes No

*The consent to contact this person is valid for **ONE YEAR** or until I notify LSLC to revoke it*

(initial)

Client Signature

Date

Life Skills Staff

Date