

**Strong Tree Counseling Center**  
500 Washington St.  
The Dalles, OR 97058  
www.strongtreecounseling.com

**Contact Information Sheet**

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

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

Address: \_\_\_\_\_  
(Street and Number)

\_\_\_\_\_

(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? \_\_\_\_\_