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EMERGENCY INFORMATION

These individuals will only be contacted in the event of an emergency.

Name _____

Address _____

City _____ State _____ Zip _____

WorkPhone _____ HomePhone _____

CellPhone _____ AlternatePhone _____

Email Address _____

Relationship _____

OR

Name _____

Address _____

City _____ State _____ Zip _____

WorkPhone _____ HomePhone _____

CellPhone _____ AlternatePhone _____

Email Address _____

Relationship _____

I, _____, the undersigned, give permission for Jessica L Miller MA, LMHCA to contact the above persons in the event of an emergency.

Client Signature _____ Date _____