



The Renewed Mind and Body, LLC

Biblical & Nutrition Counseling

Emergency Contact Information Form

Used only in the event of a medical, safety, or personal emergency.

CLIENT INFORMATION

Full Name:

Date of Birth:

Phone (Home):

Phone (Cell):

Email:

Address:

PRIMARY EMERGENCY CONTACT

Name:

Relationship:

Home Phone:

Cell Phone:

SECONDARY EMERGENCY CONTACT

Name:

Relationship:

Home Phone:

Cell Phone:

MEDICAL ALERTS (Optional but Strongly Recommended)

Allergies (medications, food, environmental):



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Current Medical Conditions:

Current Medications:

PREFERRED LOCAL HOSPITAL OR EMERGENCY FACILITY

Facility:

HIPAA PRIVACY & CONFIDENTIALITY STATEMENT

The Renewed Mind and Body, LLC respects your privacy and is committed to protecting your personal and health information. Information provided on this form is confidential and will be used only for emergency purposes, when legally required, or to prevent serious harm.

Client Signature:

Date: