

Coastal Behavior Health Services, Inc.  
P.O. Box 58424  
Fayetteville, N.C. 28305  
(910)484-8869

## Client Emergency Information

### EMERGENCY INFORMATION

Please provide the name, phone number and address of the person we should contact in case of an emergency. Also, please advise this person that you have given CBHS this instruction. If this contact changes, please let us know.

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

Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

\_\_\_\_\_

### CLIENT'S PREFERRED PHYSICIAN

Please provide the name, phone number and address of the physician we should contact in case of an emergency. Also, please advise this person that you have given CBHS this instruction. If this contact changes, please let us know.

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

Phone #: \_\_\_\_\_

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

\_\_\_\_\_

Is there medical information or instructions that CBHS should be aware of in an emergency situation?

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