

**Change Happens, INC**  
**Behavioral Health Services**  
***-Emergency Contact Information-***

**Date:** (updated as indicated) \_\_\_\_\_

**MEMBER INFORMATION:**

**Name** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Preferred Phone:** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_

**Primary/Preferred Language:** \_\_\_\_\_

**Interpreter Needed:** [ ] yes [ ] no

**CHILDREN/ADOLESCENTS:**

**Parent/Guardian:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_

**Work Telephone:** \_\_\_\_\_

**MEDICAL INFORMATION:**

**PCP:** \_\_\_\_\_

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

**Telephone:** \_\_\_\_\_

**Date of Last Physical:** \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_

**EMERGENCY CONTACT:**

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

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

**Street Address:** \_\_\_\_\_

**City/ State/Zip:** \_\_\_\_\_

**Preferred Phone:** \_\_\_\_\_