Purple Phoenix Wellness

🌿 Emergency Contact & Support Network Form

Sacred Grief Support | Holistic Coaching | Energy Healing

Client Full Name: _____

Address: _____

Date of Birth:
_____

Phone Number:
_____

Email Address:
_____

Emergency Contact Name:
_____

Relationship to Client:
_____

Emergency Contact Phone & Email:
_____

Secondary Contact (Optional):
_____

Relationship to Secondary Contact:
_____

Secondary Contact Phone & Email:
_____

Current Physician (Optional):
_____

Physician Contact Info:
_____

Known Medical Conditions or Diagnoses:
(Please list any mental health diagnoses, chronic illnesses, or relevant information)
_____
_____
_____
_____

Current Medications:

_____

_____

Do you have a crisis or mental health safety plan in place?

☐ Yes ☐ No

If yes, please describe or attach separately if needed:

_____

_____

Support People In Your Life (friends, family, professionals):

_____

_____

Any Additional Information You'd Like Me to Know:

_____

_____

Client Signature: _____ Date: _____