



## Rogue Client Information Sheet

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Gender: Female: \_\_\_\_\_ Male: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone No. \_\_\_\_\_

Cell Phone No. \_\_\_\_\_

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

Preferred contact method (call/text/email): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Do you enjoy acknowledgement? \_\_\_\_\_

Emergency Contact Name (First/Last): \_\_\_\_\_

Emergency Contact Relationship: \_\_\_\_\_

Emergency Contact Phone No.: \_\_\_\_\_

Emergency Contact Email: \_\_\_\_\_

Other important medical information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Notes: