

(717) 560-9969  
Fax (717) 560-9553



1803 Oregon Pike  
Lancaster, PA 17601  
www.scclanc.org

## Client Contacts Form

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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

Company Name: \_\_\_\_\_

Emergency Contact       Guardian       Primary Care Physician

Relationship: \_\_\_\_\_ Date of Birth (if known): \_\_\_\_\_

Contact Address Line 1: \_\_\_\_\_

Contact Address Line 2: \_\_\_\_\_

Contact City/State/Zip: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

---

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

Company Name: \_\_\_\_\_

Emergency Contact       Guardian       Primary Care Physician

Relationship: \_\_\_\_\_ Date of Birth (if known): \_\_\_\_\_

Contact Address Line 1: \_\_\_\_\_

Contact Address Line 2: \_\_\_\_\_

Contact City/State/Zip: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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