



Better Mental Health Services
1684 E. Gude Dr, Suite 102
Rockville, MD 20850

Client Information

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

Emergency Contact Information

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Relationship to Client: _____

Client Signature

Date: _____

Parent or Guardian Signature (if applicable)

Date: _____