

Please complete the enclosed forms and return by one of the following methods:

Email: [chiatt@rivercitycounseling.net](mailto:chiatt@rivercitycounseling.net)

Fax: (423) 285-6161

US Mail:

River City Counseling  
5819 Winding Ln.  
Suite #133  
Hixson, TN 37343

**River City Counseling, PC**  
**Alcohol and Drug Education Services**

Today's Date: \_\_\_\_\_

Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Gender: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_ Marital Status: \_\_\_\_\_

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

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

Okay to send correspondence to this address?      Yes      No

Primary Phone: \_\_\_\_\_      Home      Cell      Work      Other

Okay to leave message at this number?      Yes      No

Secondary Phone: \_\_\_\_\_      Home      Cell      Work      Other

Okay to leave message at this number?      Yes      No

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

Okay to send messages via email?      Yes      No

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

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

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

Phone: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

I certify that the above information is true and correct and authorize River City Counseling, PC to contact my emergency contact should the need arise.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

