



CITY GATE
LIFE RECOVERY
CENTER

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Dear Client,
Welcome to City Gate Life Recovery Center! Please take a moment to fill out the following information:

DATE: _____

1. NAME: _____

2. ADDRESS: _____

Is it okay to mail monthly statements to this address? Yes ___ No ___

If no, where would you like your monthly statements to be sent?

3. PHONE NUMBER(s):

A. Home: _____

B. Work: _____

C. Cell: _____

D. Which of the above is preferred for reminder calls? _____

4. DATE OF BIRTH: _____

5. EMAIL: _____

Is it ok for us to contact you via email? Yes ___ No ___

6. EMERGENCY CONTACT:

A. Name: _____

B. Relationship to Self: _____

C. Phone Number: _____

Thank You!

For office use only:

contacts__

Icontracts__

iOppose__

database__

mailing list__