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Baltimore, MD 21222

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Initial Contact Form

Date _____

Consumer Name _____

Service Needed _____

Phone _____ Cell Phone _____

Legally Authorized Representative _____

Emergency Contact Name _____

Emergency Contact Phone _____ Cell Phone _____

Employer/School _____

Medical Assistance # _____

Referral Source _____

Phone _____ Email _____

Current Psychiatrist/Therapist _____