CLIENT NAME: ____ DOB: ____________________
RELATIONSHIP OF INDIVIDUAL COMPLETING THIS FORM: ______________________________
ADDRESS: ____
STREET CITY STATE ZIP
HOME PHONE: ____________________________________ WORK/CELL: __________________
MAY I CALL YOU AT HOME? ❒ YES ❒ NO MAY I CALL YOU AT WORK? ❒ YES ❒ NO

ADULT CLIENTS
EMPLOYER: ____ HOW LONG HAVE YOU WORKED AT THIS JOB: ____ IF NOT CURRENTLY EMPLOYED, WHAT WAS THE LAST JOB YOU HELD? ____ WHEN? ___________________

CHILDREN/MINOR CLIENTS
SCHOOL: ____ GRADE: ____________________________ TEACHER: __________________________________ IF NOT CURRENTLY ATTENDING, WHEN WAS THE LAST TIME CHILD ATTENDED? ____ WHAT GRADE? _____________________

Insurance Information:	**Secondary Insurance:**
Insured Name: _________________________	Insured Name: _________________________
Insured SSN: __________________________	Insured SSN: __________________________
Insured DOB: __________________________	Insured DOB: __________________________
Employer: _____________________________	Employer: _____________________________
Insurance company:_____________________	Insurance company:_____________________
Phone Number: _________________________	Phone Number: _________________________
Client's Relationship to the Insured: ________	Client's Relationship to the Insured: ________
Member #______________________________	Member #______________________________
Policy/Group #_________________________	Policy/Group #_________________________

EMERGENCY CONTACT INFORMATION
NAME: ________________________________ RELATIONSHIP: ___________________________ TELEPHONE NUMBER: ______________________________ CELL: _______________________ ADDRESS: ____ STREET CITY STATE ZIP

____________________________________ __________ ______________________________________

CLIENT OR GUARDIAN NAME DATE CLIENT OR GUARDIAN SIGNATURE