CLIENT INTAKE INFORMATION

CLIENT INFORMATION (Please Print) **Today's Date**_______________

Client Last Name ___________________________ First Name___________________ MI_____ Sex ___M ___F

Address ___________________________________ City _____________________ State ________ Zip __________

Home Phone ______________________ Cell Phone ________________________Work Phone________________

A message may be left at (please check all that apply) _______Home _______ Cell _____Work _____ Text

Date of Birth ___________________ Social Security Number __________________ Marital Status __________

Employer/School____ Occupation ______________________________

Spouse's Name OR if Client is a Minor Child Name of Parent or Guardian (Last, First, MI)

Last Name ____________________________ First Name__________________________ MI____ Sex ___M___F

Date of Birth ___________________ Social Security Number _______________

Spouses's Employer/Minor Child's Parent's/Guardian's Employer ____

Occupation ____ Telephone_______________________________

In Case of Emergency Contact: ___________________________ Telephone Number ________________________

Relationship to Client ______________________

INSURANCE INFORMATION

Last Name ____________________________ First Name__________________________ MI____ Sex ___M___F

Address ___________________________________ City _____________________ State ________ Zip __________

Home Phone ______________________ Cell Phone ________________________Work Phone________________

Date of Birth ___________________ Social Security Number _______________

Insurance Company_________________________________ Employer _________________________________

Insurance I.D. Number ____________________________________ Insurance Group #________________________

Insurance Company and Address and Telephone Number ____

____

MEDICAL INFORMATION

Primary Care Physician ____ Phone Number ___________________

Address ___________________________________ City _____________________ State ________ Zip ________

Current Medical Issues/Allergies____

Medications ____