



NEW CLIENT INFORMATION SHEET

Client Legal Name: _____ Date of Birth: _____
 Preferred Name: _____ Sex at Birth: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Ph#: _____ Cell Ph#: _____ Work Ph#: _____
 E-Mail Address: _____ Preferred Method of Contact: _____
 Marital/Relationship Status: _____ Spouse/Partner Name: _____
 Emergency Contact Name: _____ Emergency Contact #: _____
 I authorize communication with my emergency contact with my initials
 I DO NOT authorize communication with my emergency contact
 Client Initials: _____

PARENT / LEGAL GUARDIAN INFORMATION (for minor clients only):

Mother / Guardian Name: _____ Date of Birth: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Ph#: _____ Cell Ph#: _____ Work Ph#: _____
 E-Mail Address: _____ Preferred Method of Contact: _____
 Father / Guardian Name: _____ Date of Birth: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Ph#: _____ Cell Ph#: _____ Work Ph#: _____
 E-Mail Address: _____ Preferred Method of Contact: _____

Child Custody Information (choose one or explain further):

- Child lives together with both parents/guardians, and the court has not been involved in custody rulings.
- Child's parents/guardians are divorced or separated, but both continue to have joint legal custody.
- One parent/guardian has sole legal custody of the child, and child resides with that parent/legal guardian.
- Legal guardian(s) is _____, but child resides with _____.

PRIMARY INSURANCE INFORMATION:

Subscriber's Name: _____ Birth Date: _____ Sex: _____
 Client's Relationship to Subscriber: Self Spouse/Partner Child Other
 Street Address: _____ Phone #: _____
 City: _____ State: _____ Zip Code: _____
 Insurance Company: _____ Policy Effective Date: _____
 Insurance ID #: _____ Account/Group #: _____

SECONDARY INSURANCE INFORMATION:

Subscriber's Name: _____ Birth Date: _____ Sex: _____
 Client's Relationship to Subscriber: Self Spouse/Partner Child Other
 Street Address: _____ Phone #: _____
 City: _____ State: _____ Zip Code: _____
 Insurance Company: _____ Policy Effective Date: _____
 Insurance ID #: _____ Account/Group #: _____