



**Client Information**

Client's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ State & Zip: \_\_\_\_\_

Gender: \_\_\_\_\_ Relationship Status: \_\_\_\_\_

Employment Status: \_\_\_\_\_ Race & Ethnicity: \_\_\_\_\_

List Medications: \_\_\_\_\_

Therapist: \_\_\_\_\_ Date First Seen: \_\_\_\_\_

Send text reminders to: \_\_\_\_\_

Client is a Minor      Parent/Guardian: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ State & Zip: \_\_\_\_\_

**Primary Insurance Information**

Primary Insured: \_\_\_\_\_

Insurance Payer: \_\_\_\_\_

Member ID: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_

**Contacts**

Primary Care Physician: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_