



New Client Information

Date: _____ Case Number: _____

Client Name: _____ DOB: _____

Gender: Male Female Other Social Security #: _____

Race: American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White Other
 Unknown Declined

Address: _____

City/State/Zip Code: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Responsible Party (If a Minor) _____

Primary Insurance: _____

Policy Holder: _____ Date of Birth: _____

Relationship to Insured: _____ Social Security Number _____

Policy Number: _____

Employer: _____

Secondary Insurance: _____

Policy Holder: _____ Date of Birth: _____

Relationship to Insured: _____ Social Security Number _____

Policy Number: _____

Employer: _____

Client Name: _____ DOB _____ Case Number: _____

Briefly describe the reason for services:

Is Client open to any other Mental Health Provider? Yes No

If so, where? _____

Available Day: _____ Time: _____

Therapist Preference: Male Female