



## NEW CLIENT INFORMATION

Date \_\_\_\_\_

### Client Information

Legal Name: \_\_\_\_\_ Nickname / Alias: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Age: \_\_\_\_\_ Gender at Birth:  M  F  Other Identified Gender: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Primary Phone: \_\_\_\_\_  Hm  Mobile Secondary Phone: \_\_\_\_\_  Hm  Mobile

Employer/School: \_\_\_\_\_ Work/School Phone: \_\_\_\_\_ Okay to call?  Yes  No

Social Security Number \_\_\_\_\_ Email: \_\_\_\_\_ Marital Status \_\_\_\_\_

Religious preference: \_\_\_\_\_ Highest Grade Completed \_\_\_\_\_

Has the client had previous counseling/therapy?  None  Office / Outpatient  Hospital

Is the client taking prescribed medication?  No  Yes (specify all & Dr.): \_\_\_\_\_

In Case of Emergency, Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to client \_\_\_\_\_ Who may we thank for referring you to us? \_\_\_\_\_

### If the client is a minor child, a biological parent or legal guardian must complete this section

If the child's parents are divorced, to which parent has the court given custody?

Mother  Father  Joint  Other: \_\_\_\_\_

Your Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  M  F

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Social Sec. Number: \_\_\_\_\_ Your Relationship to client: \_\_\_\_\_

If applicable, please list name and contact information for the non-custodial parent:

\_\_\_\_\_

If applicable, please list name and contact information for child's caseworker: \_\_\_\_\_

### Family Information

*Please list everyone living in the client's home:*

Name	Age	Sex	Relationship	Name	Age	Sex	Relationship
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the client have children who are not living in the home?  No  Yes

### Insured Person's Information

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: - **M** **F**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Relationship to client: \_\_\_\_\_

Primary Insurance Co.: \_\_\_\_\_ Member I D.: \_\_\_\_\_

Group: \_\_\_\_\_

Secondary Insurance Co.: \_\_\_\_\_ Member I D.: \_\_\_\_\_

Group: \_\_\_\_\_