

# CLIENT INFORMATION

Please complete as much as possible & give to the front desk when finished – Thank you

Date: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_ Legal First: \_\_\_\_\_

Female  Male  Transgender  Other \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ SS#: \_\_\_\_\_

Alias/Maiden Name (s): \_\_\_\_\_

Home Address: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Race:  White  Black  Hispanic  Asian/Pacific Islander  Other: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Religion/Spiritual Beliefs: \_\_\_\_\_

Collaterals:

Person to Notify in Case of Emergency: Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Health Insurance: \_\_\_\_\_ ID# \_\_\_\_\_

Subscriber Name (if not client): \_\_\_\_\_ Subscriber Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Doctor: \_\_\_\_\_ Location: \_\_\_\_\_

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

More Client Data

Type of Residence:  Private  Adult Home  Foster Care  Nursing/Health Facility  Jail  
 Homeless Shelter  Homeless, No Shelter  Community Residence  
 Supported Housing Other : \_\_\_\_\_

Primary Language:  English  Spanish  Other: \_\_\_\_\_

Marital Status:  Living as Married  Married Name of Spouse/Partner: \_\_\_\_\_  
 Separated  Widowed  Divorced  Single, Never Married

# of Children: \_\_\_\_\_ # of Children living at Home: \_\_\_\_\_

Highest Education: \_\_\_\_\_ Grade  High School Diploma  GED  Some College no degree  
 Associates Degree  Bachelor's Degree  Other : \_\_\_\_\_

Employment:  Part-Time  Full Time  Unemployed  Laid Off  Disabled  Retired

Veteran Status:  Not a Veteran  Honorable  Dishonorable  Other than Honorable