

**CLIENT INFORMATION**

Date \_\_\_\_\_

**1. Personal Information**

Client name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_ Msgs. OK? \_\_\_\_\_

Gender: M F Other Marital status: Single Married

Employment: Full-time Part-time Not employed

Student: Full-time Part-time Non-student

Employer or school \_\_\_\_\_

Referred by \_\_\_\_\_

**2. Emergency Contact**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Work phone \_\_\_\_\_ Home phone \_\_\_\_\_ Cell \_\_\_\_\_

**3. Person Responsible For The Account**

Name \_\_\_\_\_ Relationship to client \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

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

**4. Insurance information**

Insurance company \_\_\_\_\_ ID# \_\_\_\_\_ Group# \_\_\_\_\_

Subscriber's name \_\_\_\_\_ Birthdate \_\_\_\_\_

Subscriber's address & phone \_\_\_\_\_

Client relationship to subscriber: self spouse child other