



NEW CLIENT INFORMATION

2020 29th Street, Suite 201
Sacramento, CA 95817
(916) 455-2391
www.theGenderHealthCenter.org

Date: _____

CLIENT INFORMATION

Preferred Name (First, MI, Last) _____

Legal Name (If different) _____

Address _____ Apt# _____

City, State, Zip _____

Home/Cell Phone _____ Work Phone _____

Date of Birth _____ Preferred Gender _____ Birth Gender _____

Preferred Pronoun _____ Referred by _____

Email _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Home/Cell Phone _____ Work Phone _____

Name _____ Relationship _____

Home/Cell Phone _____ Work Phone _____

Okay to leave message

If client is a minor or another person is responsible for payment, please fill out the following information regarding the person responsible for payment of services.

Relationship to client Spouse/Partner Parent Guardian Other _____

Name (First, MI, Last) _____

Address (if different from client) _____

City, State, Zip _____