



NEW CLIENT INFORMATION

**Office use only:**    *Date* \_\_\_\_\_                      *Payment Method: FFS/Insurance*

CLIENT INFORMATION

Name (First, MI, Last) \_\_\_\_\_

Preferred Name (If different) \_\_\_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birth Gender \_\_\_\_\_ Preferred Gender \_\_\_\_\_

SS# \_\_\_\_\_ Referred by \_\_\_\_\_

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 \_\_\_\_\_