



**INITIAL CLIENT INFORMATION**

Date \_\_\_\_\_ Client's Social Security # \_\_\_\_\_

Client's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_

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

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Gender M F Email \_\_\_\_\_

Name of Spouse/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

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

Person Responsible for Payment \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Signature of Person Responsible for Payment **X** \_\_\_\_\_ (Must be signed for services to begin)

**Employment Information** (if client is a child, use parent's information)

Client/Guardian: Place \_\_\_\_\_ Phone \_\_\_\_\_

Spouse: Place \_\_\_\_\_ Phone \_\_\_\_\_

**Insurance Information**

Primary Insurance \_\_\_\_\_

Phone \_\_\_\_\_

Contract/ID# \_\_\_\_\_

Group/Acct# \_\_\_\_\_

Subscriber \_\_\_\_\_

Subscriber Date of Birth \_\_\_\_\_

Subscriber's SS# \_\_\_\_\_

Client's relationship to Subscriber

Self  Spouse  Child  Other \_\_\_\_\_

Secondary Insurance \_\_\_\_\_

Phone \_\_\_\_\_

Contract/ID# \_\_\_\_\_

Group/Acct# \_\_\_\_\_

Subscriber \_\_\_\_\_

Subscriber Date of Birth \_\_\_\_\_

Subscriber's SS# \_\_\_\_\_

Client's relationship to Subscriber

Self  Spouse  Child  Other \_\_\_\_\_