Demographic Information Sheet

Today's Date: [_____] Preferred Nickname: [_____]

Client Name: [_____] [_____] [___]

Last First MI

Contact Phone: [_____] - [_____] - [_____] DOB: [_____] / [_____] / [_____]

Age: [_____] Gender: _____ Email address [_____]

Address: [_____]

City: [_____] State: [_____] Zip: [_____]

Occupation and Employer: [_____]

Spouse/Partner Name: [_____] [_____] [___]

Last First MI

Relationship/Marital Status: [_____] Preferred Nickname: [_____]

DOB: [_____] / [_____] / [_____] Age: [_____] Gender: _____

Address:[_____]

City: [_____] State: [_____] Zip: [_____]

Occupation and employer: [_____]

Insurance Information

If using your insurance please provide the following information:

Name of Insurance Company: [_____]

Policy ID #: [_____]

Group #: [_____]

Name of insured as printed on card: [_____]

If the insured is: Self [ ] or Partner [ ] then skip next section.

If insured is Parent or Guardian (Insured):

Insured's Name: [_____] [_____] [___]

Last First MI

Insured's DOB: [_____] / [_____] / [_____]

Insured's Address: [_____]

City: [_____] State: [_____] Zip: [_____]

Additional insurance information: [_____]

Authorization # (if applicable): [_____]

Your yearly deductible: [_____] What have you paid on the deductible: [_____]

Your copay: [_____] Number of sessions allowed per year: [_____]