

New Client Information Sheet

Today's Date: _____

Client Information:

Full Name: _____
Gender: _____ Date of Birth: _____ Age: _____ SSN: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Phone Numbers: Home/ Cell: _____ Work: _____
Email: _____ Employer/School: _____
Credit card type: Visa / Mastercard / AmEx / Discover Expiration Date: _____
Card #: _____ Security Code: _____
Name of Card Holder: _____

Insurance Information:

Full Name of Insured: _____ Relationship to Client: _____
Insured's SSN: _____ Birthdate: _____ Phone: _____
Name of Insurance Company: _____
Insured's ID#: _____ Group #: _____
Insured's Employer: _____ Secondary Insurance?: Yes/ No
Have you obtained an authorization (if required)? Yes/ No Auth #: _____
Are you or a family member in the Military? Yes/ No If yes, what rank? _____
Are you using EAP (Employee Assistance Program) benefits? Yes/ No Quantity: _____

Marital Status: Single / Married / Separated / Divorced / Widowed / Living Together

Emergency Contact: _____ **Relation:** _____ **#:** _____

Additional family members/friends that live in your home:

Name:	Age:	Relationship to Client:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Physician: _____ **Phone:** _____ **Fax:** _____
Psychiatrist: _____ **Phone:** _____ **Fax:** _____

Please list any medications (with doses if known) being taken:

Allergies: _____
Reaction: _____