



Confidential Care

For a happier and healthier tomorrow

New Client Information

Date: \_\_\_\_\_

• Client Name: \_\_\_\_\_

• Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Gender: Male \_\_\_\_\_  
Female \_\_\_\_\_

• Physical Address: \_\_\_\_\_

• Mailing Address: \_\_\_\_\_

• Home #: \_\_\_\_\_ May we leave a message: Y or N

• Cell #: \_\_\_\_\_ May we leave a message: Y or N

• Work #: \_\_\_\_\_ May we leave a message: Y or N

• Email: \_\_\_\_\_ May we leave a message: Y or N

Would you like us to contact you for an appointment reminder? Y or N

Home ( ) Cell ( ) Email ( ) Text ( ) (Check all that applies)

• Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

• Relationship to Patient: \_\_\_\_\_

• Primary Insurance \_\_\_\_\_

Member ID or Policy #: \_\_\_\_\_ Insurance Group #: \_\_\_\_\_

Subscriber (Last, First) \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Complete Mailing Address (if different from the Client): \_\_\_\_\_

\_\_\_\_\_

• Secondary Insurance \_\_\_\_\_

Member ID or Policy #: \_\_\_\_\_ Insurance Group #: \_\_\_\_\_

Subscriber (Last, First) \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Complete Mailing Address (if different from the Client): \_\_\_\_\_

\_\_\_\_\_