



### Client Demographic Sheet

Client's First (legal) Name: \_\_\_\_\_ Middle initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred nickname: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number(s) Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address (used for confirmation of appointment(s) – you will get an email reminder of appointment 2 days before appointment): \_\_\_\_\_

DOB: \_\_\_\_\_ Legal Sex: \_\_\_\_\_ Identifying Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Employer: \_\_\_\_\_

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Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

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Insurance Provider: \_\_\_\_\_ Auth. #: \_\_\_\_\_

Ins ID: \_\_\_\_\_ Group Number: \_\_\_\_\_

Primary Subscriber Name: \_\_\_\_\_ Social Security # of Policy Holder: \_\_\_\_\_

Birthdate of Primary Subscriber: \_\_\_\_\_