



Confidential Care
 For a happier and healthier tomorrow
 New Client Information

Date: _____

A. Demographic Data

- Client Name: _____
- 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)

o Emergency Contact Name: _____ Phone: _____

o Relationship to Patient: _____

- Date of Birth _____ Age: _____ Marital Status: _____ Gender: Male _____
 Female _____

- 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: _____

Social Security #: _____ Relationship to Patient: _____

Complete Mailing Address (if different from the Client):
