DEMOGRAPHIC INFORMATION

Name (First, MI, Last)	**Client Number**	**Today's Date**	
Home Address	**City**	**State**	**Zip Code**
Mailing Address *(if different from home address)*	**City**	**State**	**Zip Code**
County of Legal Residence ☐Out of State ☐Unknown		**Social Security No.**	
Home Phone ( )	**Work Phone** ( )	**Cell/Other Phone** ( )	
Where may we contact you? ☐Home Address ☐Mailing Address ☐Home Phone ☐Work Phone		**Where may we leave a message?** ☐Home ☐Work ☐Other	
Client Age	**Date of Birth** (MM/DD/YYYY)	**Gender** ☐Male ☐ Female	**Marital Status** ☐Married ☐Single ☐Divorced ☐ Widow ☐Separated
Race ☐ White ☐Black/African American ☐Native American ☐Asian ☐Unknown ☐Native Hawaiian/Other Pacific Islander ☐Alaskan Native ☐Multiple Race	**Are you a US citizen?** ☐Yes ☐No	**Ethnicity** ☐Puerto Rican ☐Mexican ☐Cuban ☐Other Hispanic ☐Not Hispanic / Latin	
Parent/Guardian/Custodian if Minor (include name and address)		**Parent/Guardian/Custodian Phone** Home: ( ) Cell: ( )	
Emergency Contact (name and address)	**Relationship**	**Emergency Contact Phone** Home: ( ) Cell: ( )	
Primary Care Medical Provider (name and address)		**Phone** ( )	
Employer (name and address)	**How long employed?**	**Contact Phone** ( )	
School Name	**Educational level**	**Contact Phone** ( )	
Does client need assistance with visualization of material or alternate format? ☐ Yes ☐ No		Number of arrest in the past 30 days	
Does client have any disabilities that would require someone else to make decisions for them? ☐ Yes ☐ No *If yes, list name, address and phone number*		**Convictions or charges we should be aware of:**	

PAYER			
Medicaid Number	**Medicare Number**		
Primary Private Insurance	**Insurance Plan Number**	**Group Number**	
Name of Policy Holder (as it appears on the card)	**Date of birth of policy holder**	**SSN of policy holder**	
Secondary Private Insurance	**Insurance Plan Number**	**Group Number**	
☐**EAP Involved/Eligible**	**Company Name**	**Number of visits**	
☐ **Workers Compensation**	☐ **Veteran/Military Service**	☐ **Self**	☐**Other** (specify)