



### **Client Information**

Dear Client,

In an effort to provide you optimum treatment, I kindly ask you that you fill out this page to ensure I have the most accurate and up to date information.

Today's date: [Click here to enter a date.](#)

Client's name: [Click here to enter text.](#)

Client's date of birth: [Click here to enter text.](#)

Parent's name or legal representative if child is client: [Click here to enter text.](#)

Home Address: [Click here to enter text.](#)

Home Phone: [Click here to enter text.](#)

Is it okay to leave a message: Yes  No

Cell Phone: [Click here to enter text.](#)

Is it okay to leave a message: Yes  No

Email Address: [Click here to enter text.](#)

Is it okay to email you: Yes  No

### **Insurance Information:**

Current Insurance: [Click here to enter text.](#)

Insurance Policy #: [Click here to enter text.](#)

Insurance Company phone #: [Click here to enter text.](#)

### **If uninsured:**

Monthly income: [Click here to enter text.](#) Number of Dependents: [Click here to enter text.](#)