

Client Information Sheet

Today's Date: _____

Name: _____

Address: _____

Birth Date (Month/Day/Year): _____ Age: _____

Contact Information

Phone numbers and/or email where I have permission to reach you:

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

E-mail address: _____

Insurance Information

Insurance Carrier Name: _____

Group # _____ ID # _____ Employer _____

Insurance Phone: _____

Subscriber's Relationship to Client: ___ Self ___ Spouse/Partner ___ Parent

Subscriber Date of Birth: _____

Full Name and Address of the Primary Policy Holder (if other than self):

Emergency Contact

In case of emergency, therapist has permission to contact the following person:

Name: _____

Phone Number(s): _____

Relationship to Client: _____