DEMOGRAPHIC INFORMATION

Client Name (First, MI, Last)	Client No.	Todays Date

Address	City	State	Zip
Primary			
☐Local Same as Primary			
☐Billing Same as Primary			

County of Legal Residence ☐Out of State ☐Unknown

Home Phone	Work Phone	Other Phone

Where may we contact you?			Where may we leave a message?	
☐Primary Address	☐Local Address	☐Billing Address	☐Home	Work
☐Home Phone	☐Work Phone	☐Other Phone	☐Other:	

Client Age	DOB (MM/DD/YYYY)	Gender	Soc. Sec. No.

Marital Status
☐Married ☐Single ☐Divorced ☐Widow ☐Separated ☐Other:

Race
☐W- White ☐N- Native Am ☐P – Native Hawaiian/Other Pacific Islander ☐Multiple Race
☐B- Black/African AM ☐A- Asian ☐M- Alaskan Native ☐ Unknown

Ethnicity
☐A – Puerto Rican ☐B – Mexican ☐C – Cuban ☐D – Other Hispanic ☐E- Not Hispanic or Latino

Parent/Guardian/Custodian if Minor (include name and address)	Parent/Guardian/Custodian Phone

Emergency Contact (name and address)	Relationship	Emergency Contact Phone

Primary language	Client needs the assistance of an interpreter? ☐No ☐Yes ☐American Sign language ☐Language Interpreter (specify):

Client needs assistance with visualization of material or alternate format?
☐No ☐Yes

Advance Directive?
☐Yes If yes, request a copy of the directive.
☐No If no, ask if client needs assistance in obtaining an advance directive.

Payers

☐Medicaid	Medicaid No.	☐Medicare	Medicare No.

EAP Involved/Eligible ☐	Company name	No. of Visits

Primary Private Insurance	Insurance Plan No.	Group No.

Secondary Private Insurance	Insurance Plan No.	Group No.

☐Workers Comp ☐Veteran ☐Self	Other (specify) ☐	Other (specify) ☐