



## NEW CLIENT INFORMATION FORM

TODAY'S DATE: \_\_\_\_\_

Client's First Name:	MI:	Last Name:	DOB:	Gender:	Age:
Person Completing Form:			Relationship to Client:		
Mailing Address:			City & State:	Zip:	
Home Phone:	Work Phone:		Cell Phone:	e-mail:	
Client's grade or year in school if student / Occupation if working:			Name of school if student / Employer if working:		
Ethnicity: <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other					
Insurance Company Name:			Subscriber Name:		
Please list any medical conditions and medications we should be aware of:				Name of Primary / Treating Physician:	
Who referred you?				May we send a thank you note/letter to referral source? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### PARENT / SPOUSE INFORMATION

1. Mother/Father (Circle One: Birth / Adoptive / Step / Guardian) <b>OR FOR ADULT CLIENT:</b> Spouse / Partner			2. Mother/Father (Circle One: Birth / Adoptive / Step / Guardian)		
First Name:	MI:	Last Name:	First Name:	M.I.:	Last Name:
Mailing Address (if different from above):			Mailing Address (if different from above):		
City & State:	Zip:		City & State:	Zip:	
Home Phone:	Work Phone:		Home Phone:	Work Phone:	
Cell Phone:	Fax:		Cell Phone:	Fax:	
Occupation:	Level of Education completed:		Occupation:	Level of Education completed:	
Employer:			Employer:		
Annual Household Income (before taxes): <input type="checkbox"/> 0-19 <input type="checkbox"/> 20-39 <input type="checkbox"/> 40-59 <input type="checkbox"/> 60-79 <input type="checkbox"/> 80 or above					
List languages other than English spoken at home:					

#### IF CLIENT IS A MINOR:

- Parents are: Married and/or Living together  Separated  Divorced  Widowed  Never Married
- How long were or have the parents been together or married? \_\_\_\_\_ years
- How long have the parents been separated or divorced? \_\_\_\_\_ years
- How long have the parent and stepparent been married? \_\_\_\_\_ years