



## Client Information Form

### Demographic Information:

Client's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### Responsible Party (if client is a minor):

Legal Guardian's Name: \_\_\_\_\_

Child Lives with: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact phone number: \_\_\_\_\_

### Insurance:

Insurance Company: \_\_\_\_\_

ID #: \_\_\_\_\_