

Background Information

Primary Client Name (If couple, or family, the one person who will be the identified client.)

First Name _____ MI _____ Last Name _____ M ___ F ___ Other ___

Home Phone # () _____ Cellular Phone # () _____ Email Address: _____

Address _____ City _____ State _____ Zip _____

Drivers License # _____ DOB _____

Employer _____ Work Phone # _____

Spouses' / Other Client's Information

First Name _____ MI _____ Last Name _____ M ___ F ___ Other ___

Home Phone # () _____ Cellular Phone # () _____ Email Address: _____

Address _____ City _____ State _____ Zip _____

Drivers License # _____ DOB _____

Employer _____ Work Phone # _____

Persons to Notify if Emergency:

Name _____ Contact # _____

Relationship with Emergency Person: _____

Name of person, or Website that referred you to this office: _____

Signatures:

I verify that the above information is accurate to the best of my knowledge.

Client Signature _____ Date _____

Client Signature _____ Date _____