

Data Sheet

Personal Information

Legal Name: _____ Preferred Name: _____

Today's Date: ____/____/____ Email Address: _____

Social Security #: _____ - _____ - _____ Date of Birth: ____/____/____ Gender: _____

Race: _____ Spiritual/Religious Preference: _____

Marital Status: _____ Spouse/Partner Name: _____

Street Address: _____ City: _____ ZIP: _____

Home Phone: _____ Work Phone: _____ Cell/Other: _____

May we leave a message at: Home ___ Work ___ Cell/Other ___ Best time to reach you: _____

The preferred method for appointment reminders: _____

Emergency Contact:

Name: _____ Phone Number: _____ Relationship: _____

Referral Information:

Referred By: _____ May we thank them for their referral?: YES/NO

If not referred, how did you hear about us?: _____

Occupation:

EMPLOYED UNEMPLOYED RETIRED Place of Employment: _____

How many hours do you work per week?: _____

Full-Time Student Part-Time Student Name of School: _____

Highest level of education obtained: _____

Briefly describe the reason you are seeking therapy:

Insurance/Payment Information:

As the client, I.....

___ DO NOT WISH TO USE INSURANCE AT THIS TIME. *I have reviewed & agree to my clinician's fees.*

___ have insurance I would like to use and will complete the Insurance Information Sheet entirely.

Do you have medicare benefits?: YES/NO

If so, please provide your Medicare information completely on the insurance form ***even if you do not intend to use it.***

Signature