

CONTACT INFO

Date: \_\_\_\_\_

Legal Name: \_\_\_\_\_  
\_\_\_\_\_

Preferred Name (if different): \_\_\_\_\_  
\_\_\_\_\_

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

Home Phone: \_\_\_\_\_  
Can leave messages? YES NO

Cell Phone: \_\_\_\_\_  
Can leave messages? YES NO  
Can send texts? YES NO

Work Phone: \_\_\_\_\_  
Can leave messages? YES NO

Email: \_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_

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

Their relationship to you: \_\_\_\_\_  
\_\_\_\_\_

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

Partnered Status: single married/partnered  
divorced widowed separated

Legal Sex: \_\_\_\_\_

Identified Gender: \_\_\_\_\_

Sexual Orientation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Last 4 digits of your SS #: \_\_\_\_\_

Referred by: \_\_\_\_\_

Paying for services by: Self-pay or Insurance

INSURANCE INFORMATION

(Please fill out only if using insurance for payment of services)

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

Name on insurance card: \_\_\_\_\_

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

Group #: \_\_\_\_\_

Phone # for insurance benefits: \_\_\_\_\_