



**PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION**

Patient Personal Information			
Last Name	First Name	Date of Birth	Client Number/Encounter Number/ Other Info.
Address		Apt#	
City	State	Zip	
Phone Number		Email Address	
Social Security or Alien/USCIS Number	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender male to female <input type="checkbox"/> Transgender female to male		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Race (select all that apply): <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Pacific Islander/Hawaiian <input type="checkbox"/> Other _____			
Country of Origin: _____		Limited English Proficiency (LEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Marriage Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Emergency Contact Person		Emergency Phone Number	

Health Insurance Information	
Do you have health insurance: Yes / No <i>(If Yes, please continue below)</i>	
<i>We will bill your health insurance for services provided today and you or the policyholder may receive an explanation of coverage in the mail from the insurance company. If there is a specific reason you do NOT want us to bill your health insurance, please speak with a staff member about this when called by your number.</i>	
<i>I authorize my health insurance to be billed for the services provided today - Yes / No</i>	
Signature _____ Date _____	
Insurance Company Name	Member Policy Number
Name of Policyholder	Member Group Number
SPOUSE/GUARDIAN- INFORMATION	
Last Name _____	First Name _____ Date of Birth _____
Social Security # _____	Current Employer _____
Number of children 18 years of age and younger that are currently living in your household _____	
Employer Information	
Employer Address: Street: _____	
City _____	State _____ Zip Code _____
Work Phone # _____	



CHILDREN (List only children under 18 years of age and currently living in your household)				
Last Name	First Name	M/F	Birth Date Month Day Year	Social Security #

Signature \_\_\_\_\_

Today's Date \_\_\_\_\_