



We Provide the Tools to Build Strong Futures

New Client Information Form

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ SSN: _____ Gender: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Cell Telephone: _____

Email Address: _____

Preferred Communication Method: (please check) _____ Text _____ Email _____ Telephone

Emergency Contact: Name: _____ Telephone: _____

Relationship to Emergency Contact: _____ Marital Status: _____

Insurance Provider Name: _____ Effective Date: _____

Member Id. No. _____ Group No. _____

Policy Holder Name: _____ Relation to Insured: _____

Policy Holder DOB: _____ Copay Amount: _____

Reason for Visit: (please check one) _____ Mental Health _____ Substance Use Disorder

How Did you Hear of Us/Referred By? _____

For Office Use Only

Intake Appointment: Date: _____ Time: _____ MH/SA (circle one)

Client Reminded To:

- 1. Meet in Lobby (1st appt-10 minutes prior to appointment to complete/review paperwork)
- 2. Bring Insurance Card and Driver's License
- 3. Bring Copay

Client Entered in EHR Insurance Verified Appt Reminder Sent to Client & Therapist

Initials _____

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