

Client Information Sheet

This information is required for insurance billing or for other necessary recordkeeping. If you have insurance, some items will appear on reports to your plan. Otherwise, this information will not be disclosed without your permission except as specified in my Notice of Privacy Practices.

☐ Complete & correct - no changes or additions to information already on this sheet

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Name: (If insured, exactly as shown on insurance card/forms, even if not what you call yourself):

Ms/Mrs/Mr/Dr etc:)_____ First:_____ (MI:)_____ ☐none Last: _____

Name you'd like to be called by here (nickname or other): _____

Phones(s): _____

Open messages okay (Y/N,limits) [_____] (can I leave messages about schedules, etc)

Address: (# & st:) _____

(city:) _____ (state:) _____ (zip:) _____

Date of birth: _____ Male/female/other (as listed by insurance or tax records): _____

Special Needs (allergies, physical limitations, etc): _____

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This Information is requested but optional:

Partner/Spouse: ☐none/not applicable (first:) _____ (last:) _____

Name to call them (nickname, etc): _____

Emergency contact (name & phone): _____

Fax # (if you have one): _____

Other info & notes: _____

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Date printed: _____ Date filled out: _____ Your (handwritten) initials: _____