

Personal Information Sheet

Client Name: \_\_\_\_\_ Sex \_\_\_\_\_ SS# \_\_\_\_\_ Birthdate \_\_\_\_\_

Address: \_\_\_\_\_ Phone (home) \_\_\_\_\_

\_\_\_\_\_ Phone (cell) \_\_\_\_\_  
(ZIP Code)

Employer: \_\_\_\_\_ Phone (work) \_\_\_\_\_

Employer's Address \_\_\_\_\_

\_\_\_\_\_

Medical Insurance: \_\_\_\_\_

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

\_\_\_\_\_

Insurance Phone: \_\_\_\_\_ Ins. Deductible \_\_\_\_\_

Co-Payment \_\_\_\_\_ Group # \_\_\_\_\_ Auth.# \_\_\_\_\_

Insured's Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Insured's Address \_\_\_\_\_

\_\_\_\_\_

Insured's ID# \_\_\_\_\_ Insured's phone: home \_\_\_\_\_

Insured's work phone: \_\_\_\_\_ Insured's employer: \_\_\_\_\_

Insured's employer's address: \_\_\_\_\_

\_\_\_\_\_

Person to contact in case of emergency:

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

I understand and agree that, regardless of my insurance status, I am ultimately responsible for the balance on my account for any professional services rendered. I certify that the information on this sheet is true and correct to the best of my knowledge.

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

Parent/Legal Guardian ( if minor): \_\_\_\_\_ Date: \_\_\_\_\_