



CLIENT DEMOGRAPHICS

LEGAL NAME: _____	PREFERRED NAME: _____
DATE OF BIRTH: _____	SSN: _____
ADDRESS: _____	CITY/STATE/ZIP: _____
HOME PHONE: _____	CELL PHONE: _____
EMAIL: _____	<input type="checkbox"/> Mark if you want to receive text reminders
County where you have lived the majority in the last 6 months: _____	

PARENT/GUARDIAN NAME <i>(please print)</i> : _____	
RELATIONSHIP: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: ____	
DOB: _____	SSN: _____
ADDRESS: _____	HOME PHONE: _____
CITY/STATE: _____	CELL PHONE: _____
ZIP: _____	
EMAIL: _____	

SECOND PARENT/GUARDIAN NAME <i>(please print)</i> : _____	
RELATIONSHIP: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: ____	
DOB: _____	SSN: _____
ADDRESS: _____	HOME PHONE: _____
CITY/STATE: _____	CELL PHONE: _____
ZIP: _____	
EMAIL: _____	

PRIMARY INSURANCE:	
SUBSCRIBER NAME: _____	
DOB: _____	
RELATIONSHIP TO CLIENT: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Employee <input type="checkbox"/> Other:	
POLICY NUMBER: _____	GROUP NUMBER: _____