



CLIENT DEMOGRAPHIC INFORMATION

NAME _____ NICKNAME _____

DATE OF BIRTH _____

STREET ADDRESS, TOWN, ZIP CODE _____

PHONE NUMBER (H) _____ (C) _____ (W) _____

Is it ok to leave a voicemail? YES NO If yes, which number(s) _____

Is it ok to text? YES NO

EMAIL _____

GUARDIAN INFORMATION

NAME(S) _____

PHONE NUMBER(S) _____

EMAIL(S) _____

EMERGENCY CONTACT INFORMATION

NAME _____ RELATIONSHIP _____

PHONE NUMBER _____

MEDICAL INFORMATION

ALLERGIES/MAJOR MEDICAL ISSUES _____

CURRENT MEDICATIONS _____

INSURANCE INFORMATION

INSURANCE COMPANY _____ POLICY NUMBER _____

POLICY HOLDER NAME _____ DATE OF BIRTH _____

How did you learn about Be Inspired Counseling? _____