Kathleen A. Mathews
4959 Olson Memorial Highway, Suite B
Golden Valley, MN 55422-5159

CLIENT DEMOGRAPHIC INFO

Date of Birth: ____/______/______

Name of person seeking therapy:

____

Name of Parents if Minor:

____

Address:

____

City: ____________________Zip: _____________

Cell #_______________ Home #______________

Work #_______________ Other #_____________

Address of second parent if applicable:

____

City: ____________________Zip: _____________

Cell #_______________ Home #______________

Work #_______________ Other #_____________

Email Address:_____________________________

Is reminder calls via text ok? __Yes __No

Who can I thank for referring you?_____________

EMPLOYER or SCHOOL

Company: ____________________________

Address: ______________________________

City: _________________Zip: ___________

School:________________________________

Grade: __________

I am: Single Married Divorced

How many people live in your household? _____

EMERGENCY CONTACT INFO

Notify: _________________________________

Phone: __________________________________

Relationship to client: ______________________

HEALTH AND MEDICAL

Primary Care Physician:______________________

Psychiatrist: __________________________________

Please list any medical problems: _______________

____

INSURANCE INFORMATION

Primary Insurance___________________________

Policy Holder's Name_______________________

Policy Holder's birthdate____________________

Policy Number______________________________

Group Number______________________________

Effective date_______________________________

Secondary Insurance__________________________

Policy Holder's Name_______________________

Policy Number______________________________

Group Number______________________________

Effective date_______________________________

I confirm all of the information above is the best to my knowledge. If any of the above information changes I will notify you in writing as soon as I am aware.

_________________________ _______________________________ _______________

Signature Name or Guardian's Name if Minor Date