*Garnet J Nelson, LCSW*
*Licensed Clinical Social Worker -Life Coach*

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# Client Demographic Information Form

**Name: _____**

**Address: _____**

**_____**

**Phone: (Home):_____ (Work) _____ (Cell) _____**

**OK to leave message? H __ W___ Cell____ Please circle the number you prefer to be contacted at.**

**Date of Birth: _____ Age: _____ Gender _____ Social Security # _____**

**Race/Ethnicity: _____**

**Relationship Status (circle one): Never Married Married/Partnered Divorced Separated Widowed**

**Employer: _____ Occupation: _____**

**Education: _____**

**If currently in school, please list school or university: _____**

**Referral Source: _____**

**Do I have your permission to thank this person for the referral (Circle one)? Yes No**

**Emergency Contact Information:**

**Name of Emergency Contact: _____**

**Phone: _____Relationship to you: _____**

**By signing this form you are indicating your consent to us contacting this person in an emergency and when I have been unable to reach you directly or in the case of an emergency for you.**

**Primary Care Physician: _____ Phone: _____**

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**Insurance Information**

**Health Insurance: (Circle one) No Yes (If yes please specify)**

**Insurance Co. Name: _____ ID Number: _____**

**Policy Holder Name: _____ Policy Number: _____**

**Policy Holder Date of Birth: _____. What is your relationship to the insured? _____**

**Policy Holder Address if different from client:**

_____

_____

_____ _____

**Signature** **Date**