



125 West Boutz  
Las Cruces, New Mexico, 88005  
575-652-6194

## Client Information Form

Today's Date \_\_\_\_\_  
(MM/DD/YYYY)

Date Chart Closed \_\_\_\_\_  
(MM/DD/YYYY)

Client Name \_\_\_\_\_  
(last, first, middle initial)

Date of Birth \_\_\_\_\_  
(MM/DD/YYYY)

Social Security Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Referred By \_\_\_\_\_

Marital Status Married \_\_\_\_\_ Not Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Separated \_\_\_\_\_ Widowed \_\_\_\_\_

Children Living at Home \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ Age(s) of child(ren) \_\_\_\_\_

Gender/Preferred Pronoun \_\_\_\_\_ Religious Affiliation \_\_\_\_\_

Ethnicity \_\_\_\_\_ Household Income \$ \_\_\_\_\_

Education \_\_\_\_\_ HS \_\_\_\_\_ Some college \_\_\_\_\_ College \_\_\_\_\_ Graduate \_\_\_\_\_ Post Grad \_\_\_\_\_

Employment \_\_\_\_\_ Employed Full Time \_\_\_\_\_ Employed Part Time \_\_\_\_\_ Unemployed \_\_\_\_\_

\_\_\_\_\_ Choose Not to Work

Employer \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Position \_\_\_\_\_

Primary Care Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Other Health Care Provider \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Carrier And Policy Number \_\_\_\_\_

Medical History \_\_\_\_\_

Medications \_\_\_\_\_

Allergies \_\_\_\_\_

### Emergency Contact

Emergency Contact \_\_\_\_\_

*(Last name, First Name, Middle Initial)*

Relationship \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

Email \_\_\_\_\_

### Names and ages of any other people living in home:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_