



1027 W. Horsetooth Rd. Suite 200
Fort Collins, CO 80526
Phone (970)472.1207 Fax (970)493.1305

CLIENT INFORMATION FORM

Client Name: _____ Today's Date: _____

Date of Birth: ____ / ____ / ____ Age: ____ Name you prefer to be called: _____

Mailing Address: _____

Phone Numbers _____ Check if OK to leave messages:

Home #: _____

Cell #: _____

Work #: _____

E-mail Address: _____

Check e-mail how often? _____ OK to e-mail: Yes No

Relationship Status:

Single Divorced Committed Partnership

Married Widowed Other (please specify)

Separated Living together _____

Please list children and their dates of birth: _____

Employer/School: _____

Emergency Contact: _____

Phone #: _____ Relationship: _____

Do you have insurance that you wish to use for your visits? (If so, please list & provide card to photocopy):

Briefly tell us the concerns that bring you in today?
