|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please Print Clearly | | Date: | | |
| **Demographic Information** | | | | |
| (Legal)  First name: | MI: | | | Last: |
| Nickname or preferred name: | | | | |
| Social Security #\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_ | | | DOB: | |
| Sex: Male/Female  Other (explain) | | | Ethnicity: | |
| Marital Status: Single/ Married/ Divorced/ Widowed/ Other (explain) | | | | |
| Mail Address: | | | | |
| City:­­­­­ | State: | | | Zip: |
| Primary phone: | | | | E-mail: |
| Employment status: Full time/ Part time/ Unemployed/ Disabled/ Stay at home spouse or parent | | | | |
| Occupation: | | | Employer: | |
| Student status: Full time/Part time | | | School name/district: | |
| Who may we contact in case of emergency? Name: | | | | |
| Phone number: | | | Relationship: | |
|  | | | | |
| **Insurance Information** | | | | |
| **Primary Insurance:** | | | ID# | |
| Subscriber’s  Name | | | Social Security # \_\_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_\_ | |
| DOB: | | | Relationship: | |
| **Secondary Insurance:** | | | ID# | |
| Subscriber’s  Name | | | Social Security # \_\_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_\_ | |
| DOB: | | | Relationship: | |