|  |  |
| --- | --- |
| 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: |