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### **Client Information**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Name of client if client is under 18 years old: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Best number to reach you: \_\_\_\_\_

Email address : \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_\_ Marital status: \_\_\_\_\_

Occupation: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

Referral source: \_\_\_\_\_

Are you or your child under the care of a physician for the chief complaint you are coming in for? \_\_\_\_\_ If yes, please provide the following information:

Doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do we have permission to contact the doctor if necessary? \_\_\_\_\_

