
CLIENT DEMOGRAPHIC AND INSURANCE FORM

Client Information:

Client Name: _____ Date: _____

Gender: Male Female Age: _____ Date of Birth _____

Home Address: _____

City/State: _____ Zip Code: _____

Home Phone: _____ Okay to leave a message? Yes No

Work Phone: _____ Okay to leave a message? Yes No

Cell Phone: _____ Okay to leave a message? Yes No

Email address: _____ Okay to contact by email? Yes No

Emergency Contact _____
Name Relationship Phone

Primary Insurance Information:

Name of Policy Holder (Insured): _____

Insured SSN: _____ Insured Birth Date: _____

Insured Employer: _____ Health Plan: _____

Client's Relationship to the Insured: _____

Member number: _____ Policy/ Group number: _____

Insurance Co. Contact Phone Number: _____

Insurance Co. Address: _____

Purposeful Counseling
Lindsay Jaques, LPC, LMHC
650 Officers Row
Vancouver, WA 98661
503.319.0678

If client is under 18 years old, please fill out this page

Parent/ Guardian Name(s): _____

Gender: Male Female Date of Birth: __/__/__

(Insurance Clients) Social Security # ____ - ____ - ____

Address

City _____ State _____ Zip _____

Email (optional)

Best Phone # to call: (____) _____ (circle one)
home/work/cell

Type of message to Leave (detailed, vague, etc.)

Alternate Phone #: (____) _____ (circle one)
home/work/cell

Type of message to leave:

Non-Residential Parent : _____

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Gender: Male Female Date of Birth: ___/___/___

(Only if Using Their Insurance) Social Security # ___-___-___

Address: _____

City: _____ State _____ Zip _____

Email (optional): _____

Best Phone # to Call: (____) _____ (circle one) home/work/cell

Type of Message to Leave (detailed, vague/etc.): _____
