**Evergreen Counseling LLC**

**Client Demographic Information**

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| **Client’s Name Today’s Date** |
| **Age Sex DOB Phone**  |
| **Address City State Zip** |
|  |
| **Emergency Contact Name Phone** |
| **Address City State Zip** |
|  |
| **Parent/Guardian Name** |
| **Parent Email** |
| **Relationship Phone** |
| **Address City State Zip** |
|  |
| **Other Co-Parent/Guardian Name** |
| **Relationship Phone** |
| **Address City State Zip** |
|  |
| **Primary Insurance for the Client** |
| **Policy # Group #** |
| **Address City State Zip** |
| **Phone** |
| **Secondary Insurance** **[ ]  No** **[ ]  Yes (If yes, name)** |
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