



## FRANCISCAN COMMUNITY COUNSELING

### CLIENT DEMOGRAPHIC INFORMATION

<b>Name</b> <i>(Last, First, M.I.):</i>		<input type="checkbox"/> M <input type="checkbox"/> F	<b>DOB:</b>
<b>Marital status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
<b>Social Security Number:</b>	<b>Ethnicity:</b>	<b>Religion*:</b>	
<b>Annual Income*:</b> <input type="checkbox"/> Less than \$25,000 <input type="checkbox"/> \$25,000 to \$49,999 <input type="checkbox"/> \$50,000 to \$74,999 <input type="checkbox"/> \$75,000 to \$99,999 <input type="checkbox"/> \$100,000 or more			
<i>**Information used for statistical purposes only**</i>			
<b>Mailing Address</b> <i>(Street, City, State, Zipcode):</i>			
<b>Email Address:</b>			<b>Send Email Reminder?</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Work Phone:</b>	
<b>Are you seeking Couples, Marriage, or Family Counseling?</b>			

### INSURANCE INFORMATION

<b>Insurance Carrier:</b>	<b>Policy/Member ID:</b>
<b>Group Number:</b>	<b>Name of Policy Holder:</b>
<b>DOB of Policy Holder:</b>	<b>Relationship to Policy Holder:</b>

### EMPLOYMENT INFORMATION

<b>Employer Name:</b>	<b>Phone Number:</b>
<b>Address</b> <i>(Street, City, State, Zipcode):</i>	

### EMERGENCY CONTACT INFORMATION

<b>Name:</b>	<b>Relationship to Client:</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>

**FRANCISCAN COMMUNITY COUNSELING** is a not-for-profit organization supported by the Sister of St. Francis, United Way, other grants and donations, and fees for services. If you do not have insurance and/or are unable to pay the insurance co-payment/deductible fees, your sliding scale fee will be based on your income, family size, and in some cases, information which may affect your ability to pay.