

Deep Dive Individual & Family Counseling Services, PLLC

1100 NW Loop 410, Suite 700, San Antonio, Texas 78213

New Client Information Form

CLIENT INFORMATION & DEMOGRAPHICS:

Full Legal Name: _____ Preferred Name: _____

Birthdate: ___/___/___ Biological Gender: _____ Race/Ethnicity: _____

Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed

How did you hear about Deep Dive Counseling? _____

For Minors:

Parent/Guardian's Full Legal Name: _____ Birthdate: ___/___/___

CLIENT CONTACT INFORMATION:

Home Phone: _____

Do you give permission for voice mail messages to be left here? ___ Yes ___ No

Mobile Phone: _____

Do you give permission for voice mail messages to be left here? ___ Yes ___ No

Do you give permission for text messages to be sent here? ___ Yes ___ No

Home Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Do you give permission for information to be mailed to you? ___ Yes ___ No

E-mail Address: _____

Do you give permission for information to be e-mailed to you? ___ Yes ___ No

Emergency Contact Name: _____

Emergency Contact Phone Number: _____ Relationship: _____

INSURANCE INFORMATION:

Name of the Primary Insurance Carrier: _____

Primary Insurance Provider: _____ Insurance ID Number: _____

Secondary Insurance Provider: _____ Insurance ID Number: _____