

**Please fill out this biographical background form as completely as possible. It will help in our work together. Information is confidential as outlined in the Office Policy form and the HIPAA Notice of Privacy Practices. If you do not desire to answer a question, merely write, "Do not care to answer." Please print or write clearly. Thank you for your time. ☺**

**INSIGHTFUL LIVING \* 12760 W. 87<sup>th</sup> Street Parkway \* Suite 108 \* Lenexa, KS 66215**

**Client Information**

PLEASE PRINT CLEARLY AND FILL IN COMPLETELY.

IF COMING AS A COUPLE, EACH PERSON NEEDS TO FILL OUT HIS/HER OWN FORM.

First Name \_\_\_\_\_ MI \_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

May we call you at home? Y N At work? Y N On your cell? Y N

May we leave a message at home? Y N At work? Y N On your cell? Y N

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_ F \_\_\_ M Race \_\_\_\_\_

Marital Status \_\_\_ single \_\_\_ married \_\_\_ divorced \_\_\_ widowed \_\_\_ other (\_\_\_\_\_)

Name of Spouse/Partner \_\_\_\_\_ Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Children \_\_\_ Y \_\_\_ N If yes, how many? \_\_\_\_\_ Living at home? \_\_\_\_\_ Step-Children? \_\_\_\_\_

Gender & Ages \_\_\_\_\_

Profession or level of education: \_\_\_\_\_

In case of emergency, I give my permission to contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Referral Source:

How did you hear of our office (or from whom)? \_\_\_\_\_

E- Mail Address \_\_\_\_\_

Ok to email regarding appointment dates/times? \_\_\_\_\_Y \_\_\_\_\_N Ok to text? \_\_\_\_\_Y  
\_\_\_\_\_N

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

WHAT DO YOU HOPE TO GAIN FROM TALKING WITH A COUNSELOR?