

# New Client Information Sheet

Please complete ALL questions

TONI ARCHER @ THE 8TH HOUSE

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1. Client Demographics							
Patient Name: Last:			First:			Middle:	
Sex: ( )M ( )F	DOB:	Age:	School Grade:	Marital Status: ( )Single ( )Separated ( )Married ( )Divorced	Ethnic Origin: ( )Caucasian ( )African-Amer. ( )Amer. Indian ( )Hispanic ( )Asian		
Address:			Apt. #:	City:		State/Zip:	
Phone Number: ( )-( )-		Social Security #:		Drivers License #:		State of License:	
Employer Name:		Occupation:		Length of Employment:		Employer Phone Number: ( )-( )-	
Employer Address:		Suite #:		City:		State/Zip:	
2. Emergency Contact							
Emergency Contact: Name:							
Address:			Apt. #:	City:		State/Zip:	
Phone Number: ( )-( )-			Alternate Phone Number: ( )-( )-			Relationship:	
3. Referral Source							
How were you referred to this office?  ( )Insurance ( )Hospital ( )Mental Health Professional ( )Other: _____							
4. Previous Counseling							
Last 12 months: ( )Yes ( )No		When:		How Long:			
Where:		Why:		If ended, why:			
5. Health Insurance Information							
Insurance Company:		Policy #:		Group Name:		Group #:	
Insured's Full Name:			Sex: ( )M ( )F		Relationship:		DOB:
Employer Name:				Employer Phone Number: ( )-( )-			
Employer Address:			Suite #:	City:		State/Zip:	