

# Ivan Diller Psychotherapy Client Demographic Form

**OFFICE USE ONLY**

Account No. \_\_\_\_\_  
 Staff Code \_\_\_\_\_  
 Situation \_\_\_\_\_  
 Program Code \_\_\_\_\_

**PERSONAL INFORMATION:** Date: \_\_\_\_\_

Name: \_\_\_\_\_  
           Mr./Mrs./Ms.      First Name                      Last Name                      MI

Address: \_\_\_\_\_

\_\_\_\_\_  
 City                                      State                                      Zip Code

Home Telephone: ( ) \_\_\_\_\_ Work Telephone: ( ) \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Marital Status \_\_\_\_\_

SS# \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex: M  F  Referred by: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Emergency Telephone: \_\_\_\_\_

**FAMILY INFORMATION:**

**\*Refer to legend below for codes. We would appreciate your providing the following information as it is helpful in understanding the people we serve. You have the option of declining.**

Total Number in Household: \_\_\_\_\_ Total Household/Family Income: \_\_\_\_\_

Household Members Names (include self)	Relationship	Date of Birth	Sex	*Racial/Ethnic	*Religion	*Yrs of Education	*Employment	*Primary Language	*Handicap
	SELF								

<u>Racial/Ethnic</u>	<u>Religion</u>	<u>Education</u>	<u>Employment</u>	<u>Primary Language</u>	<u>Handicap</u>
White - W	Protestant - P	0 - 12 yrs - PS	Full-time - FT	English - E	Unimpaired - U
Black - B	Catholic - C	13 - 16 yrs - SC	Part-time - PT	Spanish - S	Blind - B
Asian - A	Jewish - J	17 - + yrs - GS	Unemployed - UE	French - F	Deaf - D
Am Indian - N	Other - O		Not in labor force - NLF	Creole - C	Learning - L
Latino - L	No pref. - N			Other - O	Physical - P
Haitian - H					Emotional - M
Other - O					Other - O

**INSURANCE INFORMATION:**

Primary Carrier: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Company Address: \_\_\_\_\_  
 Secondary Carrier: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Company Address: \_\_\_\_\_

**PLEASE GIVE YOUR INSURANCE CARD(S) TO THE RECEPTIONIST TO MAKE A COPY.**