Amy C. Badding, LMHC, RPT

Client Demographic Information

Client's Name:	Date of Birth:
Street Address:	Home Phone:
City, State, Zip Code	Mobile Phone:
Primary Care Physician:	Psychiatrist/ARNP:
Name of School:	Teacher/Grade:

Parent/Guardian Information:

Parent 1 Name:	Home Phone:
Street Address (if different from child):	Work Phone:
City, State, and Zip Code:	Mobile Phone:
Relationship to Child:	Email:

Parent 2 Name:	Home Phone:
Street Address (if different from child):	Work Phone:

City, State, and Zip Code:	Mobile Phone:
Relationship to Child:	Email:

Insurance Information:
(please have insurance card available at appointment, a copy of the card will need to be in the client's file)

Primary Insurance:	Policy Holder Name:
Employer:	Policy Holder Date of Birth
Policy/Group Number	Identification Number

Secondary Insurance:	Policy Holder Name:
Employer:	Policy Holder Date of Birth
Policy/Group Number	Identification Number