



Please print or write clearly

**CLIENT DATA:**

DATE: \_\_\_\_\_

\_\_\_\_\_  
Last Name, First, Initial

\_\_\_\_\_  
Street Address City/State Zip Code

\_\_\_\_\_  
Telephone Cell Phone Birthdate Male/Female

\_\_\_\_\_  
Employer Address (Street, City, State, Zip Code) Employer's Ph.

*Indicate your preferred method of contact: Cell Phone Home Phone Mailing Address Text Email*

**SPOUSE / PARTNER DATA:**

\_\_\_\_\_  
Last Name, First, Initial

\_\_\_\_\_  
Telephone Cell Phone Birthdate Male/Female

\_\_\_\_\_  
Employer Address (Street, City, State & Zip Code) Employer's Ph.

**IN CASE OF EMERGENCY CONTACT:**

\_\_\_\_\_  
Last Name, First, Initial Relationship to you Telephone #

\_\_\_\_\_  
Last Name, First, Initial Relationship to you Telephone #

Who may I thank for your referral? \_\_\_\_\_

**CONFIDENTIAL – CONTAINS PRIVILEGED COMMUNICATIONS PROTECTED UNDER A.R.S. 32-3283 AND FEDERAL CONFIDENTIALITY RULES 42 CFR PART 2 AND 45 CFR PARTS 160 & 164 – UNAUTHORIZED DISCLOSURE IS PROHIBITED.**