

Open Access: Client Information Form

Date: _____ Arrival Time: _____ Circle One: New Client Rescheduling Past Client

Legal First Name: _____ Legal Last Name: _____ M.I. _____

Suffix (Jr. Sr. Etc): _____ Nickname: _____

For children, Parent or Legal Guardian Name and Relationship: _____

Preferred Number to contact - Cell Phone: (_____) _____ Alternate Phone: (_____) _____

Date of Birth: ____/____/____ Social Security Number (if known): ____/____/____

Gender: _____ Pronouns (Ex. He, She, They): _____ Birth Sex: _____

Do you currently have other mental/behavioral health or substance use providers? Circle one: Yes No

If Yes:

Name of Provider: _____

Phone: _____ Email: _____

Date of Last Appointment: _____

What services do you get: _____

(Examples: Therapist, ABA, Wraparound, Case Manager, etc.)

Insurance Carrier (if known): _____

Alternate or Secondary Insurance: _____

Are you being referred to Oaklawn by anyone: _____

What brings you here today (2-3 sentences):
