

Client ID# _____

Name: _____

Last First Middle Maiden

Address: _____

Street City Zip Code

Date of Birth: ____/____/____ Female ____ Male

Phone: (Home) _____ (Cell) _____ Other _____

Social Security #: _____

Please check the ways we may contact you: ____ Text ____ Call cell ____ Call Home ____ Voicemail

Can we identify ourselves when we call? ____ Yes ____ No

Can we mail you information at this address? ____ Yes ____ No

Can someone else pick up your supplies? ____ Yes ____ No If yes, who _____

How did you hear about our services? _____

Emergency Contact Person:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Are you a Student? Yes No If yes, where _____

Race	Yes	No	Ethnicity	Yes	No	Marital Status	Yes	No
White			Hispanic			Single		
Black/African American			Latino			Married		
American Indian			Non-Hispanic			Widow		
Asian						Divorced		
Hawaiian/Pacific Islander						Separated		
Other								

Do you have a primary health care provider? ____ No ____ Yes: Who _____

Do you have primary health care insurance/coverage? ____ No ____ Yes: Type _____

Do you have a dental provider? ____ No ____ Yes: Who _____

Do you have dentist/oral health insurance/coverage? ____ No ____ Yes: Type _____

Do you receive SSI benefits? ____ No ____ Yes

Income Information

Monthly or annual income (before taxes)		Office Use Only Confidential Client: Yes No
Number supported by this income:		
Do you have health insurance:		
Do you have dental insurance:		
Do you have Forward Health (Badgercare/FPOS)		
Payment Level (office use only)		

Signature: _____ Today's Date: _____