# Client Basic Information Sheet
# Supportive Solutions, LLC

Client Name:________________________________

Age:________ DOB:________________ Gender:_______________

If Client a minor, Parent/Caregiver Name: ________________________________

Address: ____________________________________________________________

____________________________________________________________________

Home Phone Number: ___________________________

Work Phone Number: ____________________________

Cell Phone Number: _____________________________

Insurance Carrier: ____________________________________________________

Group Number: _____________________ Enrollee ID # ___________________

Authorization Code: _________________

What brings you to seek support?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

<u>Medical Information</u>:

| Current Medications: | Reason Prescribed: |
| --- | --- |
| ___________________________ | _______________________________ |
| ___________________________ | _______________________________ |
| ___________________________ | _______________________________ |
| ___________________________ | _______________________________ |

Allergies: __________________________________________________________________________

Current Known Medical Problems (include physical and psychological information)

____________________________________________________________________________________

____________________________________________________________________________________

Additional Relevant Information:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________