ZOE CENTER
Psychotherapy for a Better Life

215 East Madison, Derby, KS 67037 ~ (316) 530-2963

Client Information Sheet

Client(s):
Last Name:_____________________________ First Name:___________________________________ MI_______
Street:____ City:_________________ State:____ Zip________
Home Phone: ________________ ___________ Cell Phone ____________________ SSN#_____-______-_____
Birth Date:_______________________ Age: ______ Sex: ________
Insurance number for Medicaid only____

Last Name:_____________________________ First Name:___________________________________ MI_______
Street:____ City:_________________ State:____ Zip________
Home Phone: ________________ ___________ Cell Phone ____________________ SSN#_____-______-_____
Birth Date:_______________________ Age: ______ Sex: _______
Insurance number for Medicaid only____

Last Name:_____________________________ First Name:___________________________________ MI_______
Street:____ City:_________________ State:____ Zip________
Home Phone: ________________ ___________ Cell Phone ____________________ SSN#_____-______-______
Birth Date:_______________________ Age: ______ Sex: ________
Insurance number for Medicaid only____

Do you want appointment reminders? Yes / No If yes, please provide a phone number you wish to be reached at (if same as above write “same”):____

Marital/relationship status:_____________________________ Spouse’s name______________________________
Names and ages of all others living in the home:
____
____
____
____

How did you find out about the Zoe Center?____

Please list an emergency contact_____________________________________ Phone:_______________________

Responsible Party, if different from client (The person signing the fee agreement and consent for treatment):
Last Name:_____________________________ First Name:___________________________________ MI_______
Street:____ City:_________________ State:____ Zip________
Home Phone: _______________________ Cell Phone ________________________ SSN#_____-______-_____
Birth Date:____________________ Age: _________ Sex: _______
Responsible Party’s relationship to client:____

Custody Information (if client is a minor, choose one or explain further):
☐ Child lives with together with both parents and the court has not been involved in custody rulings.
☐ Child’s parents have joint legal custody. The other parent’s name/address/phone is:
☐ Responsible party has sole custody of the child and child lives with responsible party.
☐ Legal guardian is __________________________________, child resides with ____________________________.