



### Demographic Information

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Marital status: \_\_\_\_\_

Name of parent/guardian if under 18: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_ City State Zip

Phone: \_\_\_\_\_ cell / home / work

Email: \_\_\_\_\_

Please indicate which forms of communication you authorize Odyssey Counseling to utilize when contacting you. Initial above each that apply.

\_\_\_\_\_ Phone \_\_\_\_\_ Text \_\_\_\_\_ Email

Emergency contact: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Emergency contact phone: \_\_\_\_\_

\_\_\_\_\_ By initialing here, I give Odyssey Counseling permission to release information to my emergency contact in the case of an emergency. (Please refer to the Statement of Understanding for exceptions in which permission is not required.)

Who referred you to Odyssey Counseling? \_\_\_\_\_

**For Internal Use Only**

Primary insurance company: \_\_\_\_\_

Dx: \_\_\_\_\_

Copay amount: \_\_\_\_\_

Primary counselor: \_\_\_\_\_