



## 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 or you contacting Odyssey and your therapist. Initial each that apply. Please understand that these may NOT be confidential forms of communication.

\_\_\_\_\_ (Phone) \_\_\_\_\_ (Email) \_\_\_\_\_ (Texting)

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: \_\_\_\_\_