

# Client Demographics



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Client Name:

Date of Birth:

Gender (*physical*):

Gender (*identify as*):

Marital Status:

Partner/Spouse Name:

Racial/Ethnic Identity:

Religious Affiliation:

Occupation:

Employer/School:

Home Address:

Email Address:

Telephone Number:

Can I leave messages at this number?

Yes      No

Fax Number:

Insurance Company:

In the event of an emergency, please provide the name and telephone number of the person you would want me to contact:

Name:

Telephone Number:

Immediate Family Members:

Name	Relation	Age	Occupation

If more, please list below.

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