

Kimberly Hinrichs, LCSW, PLLC

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Boise, ID 83704

Client Demographic Information

Client Name: _____

Is this your Legal name? If not, please note your legal name: _____

Street Address: _____

City, State, Zip: _____

Phone number: _____

Email address: _____

What is your preferred method of contact? _____ Email / Text / phone call

Date of Birth: _____ Age: _____

Gender (please use YOUR gender): _____ What are your pronouns? _____

If using insurance to pay for your sessions and your insurance company has a different name or gender marker listed in their system, please note what gender your insurance company has for you: _____

Responsible Party is the person who will be paying for services. Leave blank if it is the same as above.

Responsible Party: _____

Address: _____

Phone: _____

Relationship to client: _____

Date of birth: _____

Emergency Contact Name: _____

Emergency Contact Phone number: _____

Relationship to client: _____

Client/Guardian Signature: _____ Date: _____