

# FAMILY SOLUTIONS SERVICES, INC.

Orange City Office: 712-707-9222  
1217 Hwy 10 W., PO Box 258

Cherokee Office: 712-707-9222  
795 N. 2<sup>nd</sup> St.

Le Mars Office: 712-707-9222  
19 2nd Ave. NW

Sioux City Office: 712-258-4553  
505 5th St. #310

## CLIENT INFORMATION FORM:

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_  
GENDER:  Male  Female Gender Identity (Optional): \_\_\_\_\_ RACE: \_\_\_\_\_  
MARITAL STATUS: \_\_\_\_\_ LANGUAGE SPOKEN: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_

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### CLIENT CONTACT INFORMATION:

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
LEGAL GUARDIAN ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
LEGAL GUARDIAN HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
LEGAL GUARDIAN EMAIL ADDRESS: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

PLEASE MARK ALL FORMS OF COMMUNICATION WE MAY USE TO CONTACT YOU OR LEGAL GUARDIAN:

TEXT  EMAIL  HOME PHONE  WORK PHONE  CELL PHONE  MAIL

MAY WE LEAVE A VOICE MESSAGE:  YES  NO

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### INSURANCE INFORMATION:

PRIMARY INSURANCE COMPANY: \_\_\_\_\_  
POLICY NUMBER: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_  
POLICY HOLDER NAME: \_\_\_\_\_ POLICY HOLDER DATE OF BIRTH: \_\_\_\_\_  
POLICY HOLDER ADDRESS (IF DIFFERENT): \_\_\_\_\_

\*SECONDARY INSURANCE COMPANY: \_\_\_\_\_  
POLICY NUMBER: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_  
POLICY HOLDER NAME: \_\_\_\_\_ POLICY HOLDER DATE OF BIRTH: \_\_\_\_\_  
POLICY HOLDER ADDRESS (IF DIFFERENT): \_\_\_\_\_