

FAMILY SOLUTIONS SERVICES, INC.

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

Cherokee Office: 712-707-9222
795 N. 2nd St.

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

Sioux City Office: 712-258-4553
2910 Hamilton Blvd. Lower A

CLIENT INFORMATION FORM:

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

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

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): _____