

## NEW CLIENT INFORMATION

Date: \_\_\_\_\_

Have you been to Jewish Family Services before? \_\_\_ Yes \_\_\_ No

Was Jewish Family Services chosen because it was a Jewish agency? \_\_\_ Yes \_\_\_ No

Reason for contacting JFS: \_\_\_\_\_

Name: \_\_\_\_\_

Religion: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Phone(H): \_\_\_\_\_ Phone(W): \_\_\_\_\_ Phone(C): \_\_\_\_\_

Please circle your preferred method of contact: email, phone (H), phone (W), phone (C). May we leave a message? Y/N

Please circle one: Employed Unemployed Retired Other: \_\_\_\_\_

Referred By: \_\_\_\_\_

Reason for referral: \_\_\_\_\_

### **Employment Information:**

Occupation/School: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

### **Medical Information and Insurance (For Counseling and Case Management Clients ONLY)**

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital/Clinic: \_\_\_\_\_ City: \_\_\_\_\_

Do you have insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

### **Primary Insurance**

Insurance Carrier #1 \_\_\_\_\_ Name of Policy Holder: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_ DOB of Policy Holder: \_\_\_/\_\_\_/\_\_\_

### **Secondary Insurance**

Insurance Carrier #2 \_\_\_\_\_ Name of Policy Holder: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_ DOB of Policy Holder: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Emergency Contact Information**

In case of emergency, who should be notified?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone(H): \_\_\_\_\_ Phone(W): \_\_\_\_\_

Relationship: \_\_\_\_\_

***Composition of Family Household***

Please list other household members:

Name	Relationship	Date of Birth	Religion	Sex	Race