BORUM AND ASSOCIATES LLC

WE PROVIDE PEACE OF MIND...PERSONAL EMPOWERMENT THROUGH ANALYSIS, COUNSELING, AND EDUCATION.

Fact Sheet

Date

Client Information:

Last Name: First Name:

Date of Birth: __ /__/____ Age: Gender: Male Female

Address:

City: State: Zip:

Phone: Home: ___ - ___ - ____ Cell: ___ - ___ - ____

Do you authorize text message reminders of your appointments? yes no

What is your marital status: Married Divorced Separated Single

Spouse’s Name (if married)

Who would you like us to contact in case of an emergency?

Name: Phone Number: ___ - ___ - ____

Relationship:

Who is your employer?

Who is your primary care physician?

Name: Clinic:

Phone Number: ___ - ___ - ____ City/State:

If the client is a minor please complete the following:

What school does the client attend? Grade:

Who has legal custody of the client?

Name: Phone Number: ___ - ___ - ____

Relationship:

Biological Mother’s Name:

Address: City: State: Zip:

Phone: Home: ___ - ___ - ____ Work: ___ - ___ - ____ Cell: ___ - ___ - ____

Biological Father’s Name:

Address: City: State: Zip:

Phone: Home: ___ - ___ - ____ Work: ___ - ___ - ____ Cell: ___ - ___ - ____