DAVIS BEHAVIORAL HEALTH
Community • Commitment • Change

Credible ID: _____

CLIENT DEMOGRAPHIC INFORMATION

Client Name: _____

Address: _____

Phone Number: _____ Cell Phone: _____ Other (message): _____

Number of People in Household: _____

Email: _____ Emergency Contact & Phone:

INSURANCE INFORMATION

Insurance Company Name: _____

Insurance Address: _____

Insurance Phone Number: _____

Policy Holder Name: _____ Policy Holder Date of Birth: _____

Subscriber ID: _____

INCOME INFORMATION

Do you make less than $2,800 a month?

☐ Yes Please bring proof of income: bank statement, pay stub, tax return, etc.

☐ No

☐ Decline to Provide

Received By: _____