



412 Washington Ave.  
West Plains, MO 65775  
417.255.8790  
417.222.6991 Fax

**PATIENT - INFORMATION:k**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_ SS#: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

RACE: Black/Non Hispanic Native American/Alaskan Native Asian/Pacific Islander White/Non-Hispanic

MARITAL STATUS: Single Married Widowed Divorced Living as Married Separated

ADDRESS: \_\_\_\_\_ CITY, STATE: \_\_\_\_\_  
ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMPLOYMENT STATUS: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_

Can we leave a message on your voicemail? YES NO

.....  
**RESPONSIBLE (GUARANTOR) PARTY - INFORMATION:**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
MI: \_\_\_\_\_

SS#: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

INSURANCE: \_\_\_\_\_ MEMBER  
ID: \_\_\_\_\_

.....  
**EMERGENCY CONTACT:** \_\_\_\_\_  
PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

.....  
**REFERRED BY:** \_\_\_\_\_ **FAMILY PHYSICIAN:** \_\_\_\_\_

**HOW DID YOU HEAR ABOUT MIDWEST COUNSELING & ASSESSMENT?:** \_\_\_\_\_

\_\_\_\_\_  
(Signature of patient or parent if minor)

\_\_\_\_\_  
Date