



**NANETTE C. WHITE, LPC-S**  
 4242 Medical Drive, Suite 7250  
 San Antonio, TX 78229  
 Phone (210) 609-5444 Fax (210) 519-2707  
 nwhite@keystonecounselingsa.com

# NEW CLIENT INFORMATION

FIRST NAME		MIDDLE INITIAL	LAST NAME		DOB
STREET ADDRESS					
CITY		STATE		ZIP CODE	
DATE OF BIRTH		WORK PHONE	BEST PHONE CONTACT		<input type="checkbox"/> TEXT OK <input type="checkbox"/> VOICE OK
EMAIL				<input type="checkbox"/> EMAIL CONFIRMATION OK	
PLACE OF EMPLOYMENT					
EMERGENCY CONTACT			PHONE		
RELATIONSHIP					
PRIMARY INSURANCE PROVIDER			INSURANCE ID#		
STREET ADDRESS					
CITY		STATE	ZIP CODE		
PHONE		FAX			
SECONDARY INSURANCE PROVIDER					
STREET ADDRESS					
CITY		STATE	ZIP CODE		
PHONE		FAX			
<b>GENDER:</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		<b>EMPLOYMENT STATUS:</b> <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> PART TIME STUDENT <input type="checkbox"/> FULL TIME STUDENT <input type="checkbox"/> RETIRED <input type="checkbox"/> HOMEMAKER			
<b>RELATIONSHIP STATUS:</b> <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DOMESTIC PARTNER <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED					
<b>ETHNICITY:</b> <input type="checkbox"/> WHITE NOT HISPANIC <input type="checkbox"/> HISPANIC ORIGIN			<b>RACE:</b> <input type="checkbox"/> WHITE <input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> ASIAN – PACIFIC <input type="checkbox"/> AMER. INDIAN <input type="checkbox"/> OTHER		
SIGNATURE			DATE		