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**Client Demographics**

Client's Name: \_\_\_\_\_ Client Social Sec #: \_\_\_\_\_

DOB: \_\_\_\_\_ Marital Status: \_\_\_\_\_

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

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

Primary Phone: \_\_\_\_\_

In Case of Emergency Notify: \_\_\_\_\_

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

How were you referred: \_\_\_\_\_

**Insurance Information**

Insurance Company or EAP Name: \_\_\_\_\_

Insurance Phone # & Billing Address: \_\_\_\_\_

ID # if different from social: \_\_\_\_\_ Group Number if any: \_\_\_\_\_

Primary Insured Name \_\_\_\_\_ Relation to client: \_\_\_\_\_

Primary Soc. Sec: \_\_\_\_\_ Primary Insured DOB: \_\_\_\_\_

Primary Insured's Employer: \_\_\_\_\_

Primary Insurance Holder if different from client:

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

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

Primary Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Is the client covered by a secondary health insurance policy? \_\_\_\_\_

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