

**Aaryn Easton, MFTC**

Pineridge Family Therapy  
443 4<sup>th</sup> Street Loveland, CO

**CLIENT DEMOGRAPHIC FORM**

Today's Date \_\_\_\_\_

Client Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_  
Last First

Client's Parent or Guardian (if a minor) \_\_\_\_\_

Permanent Address \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(If different)

Combined household yearly income (before taxes) \$ \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Is it okay to leave messages?  Yes  No

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Is it okay to leave messages?  Yes  No

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Is it okay to leave messages?  Yes  No

Is it okay to text you?  Yes  No

E-mail \_\_\_\_\_

Is it okay to email you?  Yes  No

Your current job title \_\_\_\_\_ Employer \_\_\_\_\_

Person responsible for payment \_\_\_\_\_

***IN CASE OF EMERGENCY (Relative or friend not living with you):***

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_ Phone(s) \_\_\_\_\_

Address \_\_\_\_\_

Who referred you/how did you hear about my services? \_\_\_\_\_