

*Zem Therapy & Consulting LLC*

*1S132 Summit Ave. Unit 307C  
Oakbrook Terrace, IL, 60181  
708-414-6842 Office*

Therapist: \_\_\_\_\_

### Patient Demographic Information

<b>Patient Name:</b>	<b>Social Security #:</b>
<b>Street Address:</b>	<b>Date of Birth:</b>
<b>City, State, Zip Code:</b>	<b>Home Phone:</b>
<b>Gender:</b>	<b>Work Phone:</b>
<b>Email Address:</b>	<b>Mobile Phone:</b>
<b>Primary Physician:</b>	<b>Psychiatrist (if any):</b>
<b>Emergency Contact Person:</b>	<b>Emergency Contact Phone:</b>
<b>How did you hear about us?</b>	<b>Marital Status:</b>

**Responsible Party is the person who will be paying the per-session fee for services  
(leave blank if same as patient)**

<b>Responsible Party:</b>	<b>Home Phone:</b>
<b>Street Address:</b>	<b>Work Phone:</b>
<b>City, State, Zip Code:</b>	<b>Mobile Phone:</b>
<b>Relationship to Patient:</b>	<b>Responsible Party SSN:</b>

**Insurance Information**

<b>Primary Insurance:</b>	<b>Policy Holder Name:</b>
<b>Company Address:</b>	<b>Policy Holder Date of Birth:</b>
<b>City, State, Zip Code:</b>	<b>Identification Number:</b>
<b>Company Phone:</b>	<b>Policy/Group Number:</b>
<b>Employer:</b>	<b>Policy Holder SSN:</b>
<b>Secondary Insurance:</b>	<b>Policy Holder Name:</b>
<b>Company Address:</b>	<b>Policy Holder Date of Birth:</b>
<b>City, State, Zip Code:</b>	<b>Identification Number:</b>
<b>Company Phone:</b>	<b>Policy/Group Number:</b>
<b>Employer:</b>	<b>Policy Holder SSN:</b>

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_