



80 11 118th Avenue NE Kirkland, WA 98033 www.attachmentcenternw.com Fax: 425-576-8274 Phone: 425-889-8524

Office use only  
DX \_\_\_\_\_

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

Client's Name (last/first/middle)		_____/_____/_____ Date of Birth
Address		_____ Current Age
City	State	Zip
Phone #'s w/area codes		
Client's Employer (or School)		Occupation (or Grade Level)
Primary Complaint (Reason for this visit)		

**If Client is an ADULT**

Marital Status: single married divorced separated widowed

Spouse's Name \_\_\_\_\_

Spouse's Employer \_\_\_\_\_

Driver's License# \_\_\_\_\_ SS# \_\_\_\_\_

Spouse's Work Phone \_\_\_\_\_

**If Client is a Minor**

MOTHER'S Name	FATHER'S Name
Driver's License #	Driver's License #
Phone (if different)	Phone (if different)
Mother's Address (if different)	Father's Address (if different)
Mother's Employer	Father's Employer
SS#	SS#
Work Phone w/ area code	Work Phone w/area code

Name of person we should contact in case of emergency \_\_\_\_\_ Phone #'s \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Phone \_\_\_\_\_

Referred by \_\_\_\_\_ Phone \_\_\_\_\_

I will be paying today by cash \_\_\_\_\_ check \_\_\_\_\_

Person responsible for this bill (if different than above) \_\_\_\_\_

Billing Address (if different than above) \_\_\_\_\_