



Demographic Information Sheet

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Phone Number: _____ Text? Y -- N (circle one)

Email Address: _____

Will you be using insurance? Yes* No (circle one)

*If you will be using insurance please try to bring a copy of your insurance card to your first session if possible.

All clients are required to sign a few pieces of paperwork detailing services being offered, your rights as a client, and other confidentiality/HIPPA topics. Northwest Family Counseling will initiate this process via Office Ally's Patient Ally portal after this form has been received. Please look for an email with information regarding setting up your online portal as the required documents will be available online and can be signed electronically in your portal.

Please complete your online portal account as soon as possible and work through any of the assigned assessments or documents on your account. Thank you!

Send this form back to NWFC via email or fax:

Email: dan@northwestfamilycounseling.com

Fax: (763) 374-6680

Phone Number: (763) 220-2312