Krysta J. Oehm, M.A., PLMHP / 402-631-1985
700 R St., Ste 318, Lincoln, NE 68501

DEMOGRAPHICS FOR INDEPENDENT ADULTS

Last Name | **First Name** | **Middle Initial** | **Nickname/AKA**

Date of Birth | **Social Security Number** | **Gender** ⊙ Male ⊙ Female

Marital Status ☐ Married ☐ Single ☐ Divorced ☐ Life Partner ☐ Separated ☐ Widowed ☐ Other | **Language** ⊙ English Other: ______________

Home Address | **Apt #** | **City** | **State** | **Zip Code**

Home Phone | **Cell Phone** Is it ok to text? Y N | **Appointment Reminders ok?** Text? Y N Email? Y N

Email Address | **Employment** Status

Employer/School | **Employer Phone**

REFERRAL INFORMATION

If you were referred, please state by whom:

RESPONSIBLE PARTY (GUARANTOR) INFORMATION

Relationship to Patient ⊙ Self (If self, skip to Emergency / Next of Kin) ⊙ Spouse ⊙ Parent ⊙ Other

Last Name | **First Name** | **Middle Initial**

Date of Birth | **Social Security Number**

Home Address | **Apt #** | **City** | **State** | **Zip Code**

Home Phone | **Cell Phone** | **Work Phone**

Employer | **Employment** Status

EMERGENCY / NEXT OF KIN CONTACT INFORMATION

Last Name | **First Name** | **Relationship to Patient**

Address | **Apt #** | **City** | **State** | **Zip Code**

Home Phone | **Cell Phone** | **Work Phone**

OTHER CONTACT INFORMATION – NOT LIVING WITH PATIENT

Last Name | **First Name** | **Relationship to Patient**

Address | **Apt #** | **City** | **State** | **Zip Code**

Home Phone | **Cell Phone** | **Work Phone**

- Please complete the **Insurance Verification / Payment for Services Contract** and attach copies of insurance cards