



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

DEMOGRAPHICS FOR MINORS AND THOSE WITH GUARDIANS

Last Name		First Name		Middle Initial	Nickname/AKA
Date of Birth		Social Security Number		Gender <input type="radio"/> Male <input type="radio"/> Female	
Marital Status		Language			
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Life Partner <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Other		<input type="radio"/> English Other: _____			
Home Address		Apt #	City	State	Zip Code
Home Phone		Cell Phone		Appointment Reminders ok?	
		Is it ok to text? Y N		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		<input type="radio"/> Legal Guardian		<input type="radio"/> Spouse		<input type="radio"/> Parent		<input type="radio"/> 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