



**SECURE
HAVEN
CARE**

Client Information

Name: _____

Nickname or Preferred name: _____

Client is a minor or has a legal guardian?

If yes, Parent/Guardian's name: _____

Email address: _____

Work Home

Yes, it's okay to send messages to this email

Yes, send appointment reminders to this email

Phone number: _____

Work Mobile Home

Yes, it's okay to leave voice messages/appointment reminders to this number

Yes, it's okay to send text messages/appointment reminders to this number

No, don't leave voice or text messages/appointment reminders to this number

Address: _____

Birth date: _____

Female Male Prefer not to say

Gender identity: _____

Relationship status:

Single Married Divorced Domestic Partnership In long-term Relationship
 Separated Widowed

Employment status:

Full-Time Part-Time Self-employed Unemployed Disability

Full-time Student Part-time Student Retired Homemaker

Emergency Contact

Name: _____

Relationship (Select one):

Legal Guardian Physician Parent Spouse Other Family Member
 Other

Email address: _____

Work Home

Yes, it's okay to send messages to this email

Yes, send appointment reminders to this email

Phone number: _____

Work Mobile Home

Yes, it's okay to leave voice messages/appointment reminders to this number

Yes, it's okay to send text messages/appointment reminders to this number

No, don't leave voice or text messages/appointment reminders to this number

Insurance Information

Insurance Company: _____

Member ID _____

Group ID _____

Plan ID _____

Client's relationship to insured:

Self Consumer's Spouse Consumer's Parent Other

Secure Haven Care Behavioral Health
150 E Wilson Bridge Rd
Suite 250
Westerville, OH 43085

