

# New Client Entry Form

**\*\*\* All portions must be completed prior to hook up. Evaluation fees are non-refundable\*\*\***

If not the client, please print your name and best contact number: \_\_\_\_\_

## Contact Information:

Client's First Name: \_\_\_\_\_

Client's Middle Name: \_\_\_\_\_

Client's Last Name: \_\_\_\_\_

Monitoring Address, City, State and Zip: \_\_\_\_\_

Mailing Address, City, State and Zip (if different): \_\_\_\_\_

At the monitoring location do you rent or own? \_\_\_\_\_

Email Address: \_\_\_\_\_

Client's Cell Number: \_\_\_\_\_

Client's Home Number: \_\_\_\_\_

## Demographic Information:

Client's Gender / Race: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Communicable Diseases: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

## Emergency Contacts:

Emergency Contact #1 Name: \_\_\_\_\_

Emergency Contact #1 Relationship: \_\_\_\_\_

Emergency Contact #1 Phone Number: \_\_\_\_\_

Emergency Contact #2 Name: \_\_\_\_\_

Emergency Contact #2 Relationship: \_\_\_\_\_

Emergency Contact #2 Phone Number: \_\_\_\_\_

## Work Place Information:

Name of Employer: \_\_\_\_\_

Employer Address, Suite, City, State and Zip: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_

Job Description: \_\_\_\_\_