

14000 Crown Court,  
 Ste. 101  
 Woodbridge, VA 2219  
 Ph # 703-396-7215  
 Fx # 571-364-8915

6611 Jefferson St,  
 1<sup>st</sup> Floor  
 Haymarket, VA 20169  
 Ph # 571-921-4812  
 Fx # 703-743-1688

6800 Backlick Road  
 Ste. 300  
 Springfield, VA 22150  
 Ph # 703-310-7449  
 Fx # 571-282-4559

19415 Deerfield Ave  
 Ste. 101  
 Lansdowne, VA 20176  
 Ph # 703-659-1433  
 Fx # 703-723-7222

20 Rock Pointe Ln  
 Ste. 201  
 Warrenton, VA 20186  
 Ph # 703-659-9847  
 Fx # 540-935-2418

3800 Fettler Park Dr  
 Ste. 103  
 Dumfries, VA 22025  
 Ph # 571-479-2302  
 Fx # 866-206-0849

## ADULT CLIENT CONTACT INFORMATION SHEET 18 YRS & ABOVE

1. **Name:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
LASTFIRSTMIDDLE INITIALSUFFIX

2. **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

3. **Gender:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_

4. **Social Security #:** \_\_\_\_\_

5. **Address:** \_\_\_\_\_  
STREET  
 \_\_\_\_\_  
CITYSTATEZIP CODE

6. **Telephone Number:** \_\_\_\_\_  
HOME PHONE #CELL PHONE #

**May Youth For Tomorrow leave a message on the phone number provided?** ☐ Yes ☐ No  
 If yes, check all that apply: ☐ Home ☐ Cell ☐ Voice only ☐ Text only ☐ Voice & Text

If no, please provide an alternative phone on which we may leave a message: \_\_\_\_\_

7. **Primary Email Address:** \_\_\_\_\_  
*\*This email will be used for Tele-Behavioral Health Services\**

8. **Marital Status:** ☐ Never Married ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

9. **Are you Pregnant?** ☐ No ☐ Yes

10. **Emergency Contact:** \_\_\_\_\_  
FULL NAMERELATIONSHIP

\_\_\_\_\_  
ADDRESS (IF DIFFERENT) STREETCITYSTATEZIP CODE

\_\_\_\_\_  
HOME PHONE #CELL PHONE #

11. **If the Client is an Adult,** is there a Legally Authorized Representative or Court Appointed legal Yes No

**If yes, please complete (print):** \_\_\_\_\_  
FULL NAMERELATIONSHIPPHONE # & FAX #

12. **Military**  
☐ No Military Status ☐ Active Duty ☐ Armed Forced Reserve  
☐ National Guard ☐ Armed Forces or National Guard Retired ☐ Armed Forces or National Guard  
☐ Discharged (any type) ☐ Dependent Family Member of Armed Forces or National Guard

13. **Primary Insurance:** \_\_\_\_\_  
INSURANCE COMPANY NAMEMEDICAL ID #GROUP #

14. **Secondary Insurance:** \_\_\_\_\_  
INSURANCE COMPANY NAMEMEDICAL ID #GROUP #

15. **I have been given a copy of the YFT Orientation Packet, including Notification of my Rights & Privacy Notice.**

\_\_\_\_\_  
PRINT NAMEDATE

\_\_\_\_\_  
SIGNATUREDATE