



Oasis
Counseling
International

OASIS COUNSELING INTERNATIONAL — FAMILY INFORMATION SHEET

(Rev. 4-10-14)

HEAD OF HOUSEHOLD:

Last Name _____
 First & Middle Initial _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____
 Cell Phone _____
 Work Phone _____
 Employer (& town) _____
 Date of Birth ____/____/____ Male/Female
 Social Security Number _____

SPOUSE:

Name _____ (or: Not Applicable)
 Date of Birth ____/____/____ Male/Female
 Social Security Number _____
 Employer _____
 Employer Address _____
 Employer City _____ State _____ Zip _____
 Cell Phone _____
 Work Phone _____

DOCTOR:

Family Doctor's Name _____
 Doctor's Address _____
 Doctor's Phone # _____

DEPENDENTS:

	First Name	Last Name	Gender	Birthdate	Social Security #
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

INSURANCE #1:

Policy Holder Name _____
 Policy # _____
 Group # _____
 Company Name _____
 Company Address _____
 Company City/State/Zip _____
 Company Phone # _____

INSURANCE #2 (if applicable):

Policy Holder Name _____
 Policy # _____
 Group # _____
 Company Name _____
 Company Address _____
 Company City/State/Zip _____
 Company Phone # _____

PERSON TO CONTACT IN CASE OF AN EMERGENCY: (Outside of Residence)

Name _____ Phone Number _____ Relationship to you _____
 Address _____ City _____ State _____ Zip _____

REFERRED TO THIS OFFICE BY: _____