Youth For Tomorrow
Joe Gibbs Founder
OUTPATIENT SERVICES

14000 Crown Court, Ste. 101 Woodbridge, VA 22193 Ph # 703-396-7215 Fx # 571-285-5686	9720 Capital Court, Ste. 302 Manassas, VA 20110 Ph # 703-396-8618 Fx # 571-364-8913	6611 Jefferson St, 1st 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

ADULT CLIENT CONTACT INFORMATION SHEET 18 YRS & ABOVE

1. **Name**:_____/_____/_____/_____
   LAST FIRST MIDDLE INITIAL SUFFIX
2. **Date of Birth**: _____ Age: _____
3. **Gender**: _____ Race: _____ Ethnicity: _____
4. **Social Security #:** _____
5. **Address**: _____
   STREET
   _____
   CITY STATE ZIP 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 NAME RELATIONSHIP
    _____
    ADDRESS (IF DIFFERENT) STREET CITY STATE ZIP CODE
    _____ _____
    HOME PHONE # CELL PHONE #
11. **If the Client is an Adult,** is there a Legally Authorized Representative or Court Appointed legal guardian? ◯ Yes ◯ No

    If yes, please complete (print): _____ _____ _____
    FULL NAME RELATIONSHIP PHONE # & 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 NAME MEDICAL ID # GROUP #
14. **Secondary Insurance:** _____ _____ _____
    INSURANCE COMPANY NAME MEDICAL ID # GROUP #
15. **I have been given a copy of the YFT Orientation Packet, including Notification of my Rights & Privacy Notice.**

    _____ _____
    PRINT NAME DATE

    _____ _____
    SIGNATURE DATE

Revised 10/8/20-KA