



Jessica Sauer, LCSW
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CLIENT DEMOGRAPHICS

Please provide the following basic identifying information about yourself or the identified client.

Full Client Name: _____ Date of Birth: _____

Home/Billing Address: _____

Home Phone: _____ Cellular Phone: _____
May I text you appointment reminders? Circle: Yes or No

Email Address: _____
May I email you? Circle: Yes or No

Gender: Male Female Transgender Male Transgender Female Gender Queer Other: _____

Sex Assigned at Birth: Male Female Other: _____

Pronouns: She/her/hers He/him/his They/them/theirs Other: _____

Place of Work and/or School: _____

Medications Taken (if applicable): _____

Parents' Name(s) if Client is a Minor: _____

Parents' Marital Status if Client is a Minor: Single Married Divorced Separated Widowed

Custody Arrangements/Primary Custodian if Parents are Divorced/Separated: _____

In case of an emergency, Jessica Sauer may contact (Emergency Contact): _____

Emergency Contact's Relationship to Client: _____

Emergency Contact's Address and Phone Number: _____

This form has been fully explained to me and I certify that I understand its contents. I also understand that it is my sole responsibility to ask any questions or obtain any clarification necessary to my understanding this form fully.

Signature/Relationship to Client _____ Date _____

Effective 02/18/2022