



Neurofeedback Clinic of Northern Colorado
4115 Boardwalk Drive, Ste 100
Fort Collins, CO 80525
P970-493-4580

Client Information Form

Your cooperation in completing this questionnaire will be helpful in planning services for you. Please answer each item carefully and ask questions if something is not clear. The information provided on this questionnaire is confidential and will not be released without your permission.

Client Name (yourself or your child): _____

Parent or legal guardian (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ OK to leave messages? Yes No

Work Phone: _____ OK to leave messages? Yes No

Cell/Other: _____ OK to leave messages? Yes No

Email Address: _____

Date of Birth: _____ Age: _____ Ethnicity: _____

Adopted? Yes No Age of Adoption: _____

Relationship Status: Single Married Divorced Widowed

Employer: _____

Do you have a health insurance policy? Yes No

Insurance Company: _____ Policy Holder: _____

Who referred you to our clinic? _____

May we thank them for the referral? Yes No