VISIONARY CARE
CONSULTANTS
ENVISION•EMPOWER•EXECUTE

Phone/Fax: (619) 228-3584
Email: Intake@VisionaryCareSD.com
Mailing Address: 7918 El Cajon Blvd Ste. N #430
La Mesa, CA 91942

NEW CLIENT INFORMATION FORM

CLIENT INFORMATION

Legal Name		AKA	
DOB		SSN	
Country of Origin		Primary Language	
Sex Assigned at Birth		How do you identify?	
Marital Status	☐ Single	☐ Married, Spouse's Name	
☐ Partnered, Partner's Name		☐ Divorced	☐ Widowed
Physical Address	☐ Private Residence	☐ Facility Name	
Street	*Unit # (if applicable)*	*City*	*State* *Zip Code*
Mailing Address	☐ Same	☐ c/o	
Street /PO Box	*Unit # (if applicable)*	*City*	*State* *Zip Code*

Phone Numbers to Reach Client (check primary)		
☐ Home	☐ Cell	☐ Work

Email to Reach Client		
☐	☐ Cc:	☐ No client email

Emergency Contacts/Designated Representatives

Primary Contact

Name			
Relation/Role/Company			
Phones (check primary)	☐ Cell	☐ Hm	☐ Wk

Physical Address:	
Street	*Unit # (if applicable)* *City* *State* *Zip Code*
Mailing Address:	☐ Same as Physical Address

Street	*Unit # (if applicable)*	*City*	*State*	*Zip Code*

Secondary Contact	
Name	
Relation/Role/Company	

Phones (check primary)	☐ Cell	☐ Hm	☐ Wk

Physical Address:	

Street	Unit # (if applicable)	City	State	Zip Code
Mailing Address:	☐ Same as Physical Address			

Street	Unit # (if applicable)	City	State	Zip Code

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If a spouse or partner is an additional household client, please print Page 1 twice and provide pertinent information, noting Client # 1 and Client # 2. Duplication of relevant information not required.

In addition, copies of the following documents would be appreciated for each client:

- ☐ Driver License or State ID Card (current or expired)
- ☐ Current list of medications
- ☐ All insurance cards/information
  - Private Health Insurance Card
  - Medicare A/B Card
  - Medicare D Card
  - Medicare Advantage Plan Card
  - Dental Insurance Card
  - Vision Insurance Card
  - Work-Comp Insurance Information
  - Car Insurance Card

- Long term care insurance
- Other _____

☐ All legal documents

- Advance Health Care Directive
- Power of Attorney for Healthcare
- Physician Order for Life Sustaining Treatment (POLST)
- Power of Attorney for Finances
- Trust Documents
- Conservatorship Documents
- Fiduciary Documents
- Representative Payee Documents
- Pre-arrangements for Burial or Cremation
- VA DD-214 for Client or Spouse
- Other _____

☐ Service Agreements with Collateral Care Providers

- Private Home Care
- Medical Alert Device
- Durable Medical Equipment
- Other _____