



## Client Data Questionnaire

This information will help us to track your progress with our facility. Please answer each of these questions as accurately as you can. Should you have any questions, feel free to ask. Your responses will be treated in a confidential manner.

Today's Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Sponsor SSN: \_\_\_\_\_ Rank: \_\_\_\_\_

Service Branch:  Active Duty  Reservist  Family Member  Civilian  Retiree

Local National  Contractor

HT: \_\_\_\_\_ (inches) WT: \_\_\_\_\_ (pounds)

Sex:  Male  Female

Date of Birth: \_\_\_\_\_

Your Assigned UNIT: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

PCM Doctor: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Drug allergies? \_\_\_\_\_

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