

**CONFIDENTIAL**

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**Demographic Information Form**

**Full Name:** \_\_\_\_\_

**Preferred Name/Nickname:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Who lives at home with you?** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **May I leave a message?** Yes No

**Cell Phone:** \_\_\_\_\_ **May I leave a message?** Yes No

**Work Phone:** \_\_\_\_\_ **May I leave a message?** Yes No

**Email address:** \_\_\_\_\_

**Emergency Contact:**

**Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Relationship to you:** \_\_\_\_\_

**Marital Status:** Single Married Divorced Separated Widowed Other

**Highest level of education completed:**

8<sup>th</sup> Grade High School Bachelor's Degree

9<sup>th</sup> Grade GED Graduate Degree

10<sup>th</sup> Grade Some College

11<sup>th</sup> Grade Associate's Degree

**Occupation (if currently working):** \_\_\_\_\_