



3315 University Drive, Building #69
Bismarck, North Dakota 58504
701.255.3285 | www.uttc.edu

Client Background Information

(All information submitted is confidential and used strictly for the care of the client.)

Please Print All Information	Name		Student ID#	Date of Birth	Age	
	Gender	SSN#		UTTC Degree Program		
	UTTC PO Box		Dorm Room Number			
	UTTC Housing Number or Off Campus Address			Cell Phone Number		
	Home Phone	Personal or UTTC Email		Preferred method of Contact - CIRCLE Text or Call or Email		
	Tribal Affiliation			Enrollment Number		
	Are You a Veteran? CIRCLE Yes or No		If Yes, What Branch of Service:		Dates of Service:	
	Spouse			Phone		
	Emergency Contact			Relationship		Phone
	Medical Provider			Phone		
	Pharmacy			Phone		
	Mental Health Therapist			Phone		
	Child(ren)s Information	Name		Age	Date of Birth	School/Day Care Provider & Telephone
Medical Information						
Date of Last Physical		Allergies Yes or No		If Yes, what		
List Current Medications:						

I hereby give authorization for UTTC staff to contact me or my emergency contact person(s) listed above if deemed necessary.

Signature _____

Date _____