CLIENT INFORMATION SHEET

Client's Name	Date of Birth	SS Number

Address

Reason For Seeking Services	Date of First Visit

Phone Numbers

( ) _____ Home Best Times to Call _____

( ) _____ Cell Best Times to Call _____

( ) _____ Work Best Times to Call _____

( ) _____ Pager Best Times to Call _____

Family Members

Name	**Relationship**	**Birth date**	**Living in Your Home**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Primary Insurance Coverage _____ Yes _____ No

Name of Insured _____ Insured's Date of Birth _____

Employer_____ Social Security Number _____

Group Number _____ ID Number _____

Relationship to Insured: _____ Self _____ Spouse _____ Child / _____Copy of Insurance card on file

Summary of Coverage

Type of Insurance _____ Deductible _____ Co-Pay _____

Visits Allowed Per Year _____ Pre-Approval Required _____

Other Information _____

Signature of Insured (Giving Permission to Bill) _____

OFFICE USE ONLY

DC(s) _____ PC(s) _____

Revised May 2008

Secondary Insurance Coverage _____ Yes _____ No

Name of Insured _____ Insured's Date of Birth _____

Employer_____ Social Security Number _____

Group Number _____ ID Number _____

Relationship to Insured: _____ Self _____ Spouse _____ Child / _____Copy of Insurance card on file

Summary of Coverage

Type of Insurance _____ Deductible _____ Co-Pay _____

Visits Allowed Per Year _____ Pre-Approval Required _____

Other Information _____

Signature of Insured (Giving Permission to Bill) _____

Persons Requiring Consultation / Communication with the Counselor

Permission to Contact	Title	Name	Address	Phone Number(s)
	Probation Officer			
	Physician			
	Psychologist			
	Educator/School Representative			
	Lawyer			
	Other:			

_____ Signature giving permission to contact all initialed persons named above

Medications

Medications	Condition/Reason for Taking	Dosage

Previous Counseling / Mental health Services:

_____

_____

_____

Medical Conditions:

_____

_____

HIPA Information Provided	
Confidentiality Explained	
Received Fee Schedule	

Revised Feb 2008