

Client Information Form

Today's Date: _____

Client Name(s): _____

Birthdate: _____

Social Security Number (for billing purposes): _____

Address: _____

Phone Numbers (please circle preferred number):

Home: _____ Work: _____ Cell: _____

May I leave a message at your preferred phone number? (circle one) Y N

E-mail Address: _____

Emergency Contact Name and Phone: _____

Primary Health Insurance (name of plan): _____

Policy ID Number: _____

Insured's name (if not you): _____ Date of Birth: _____

Insured's Employer: _____ Group #: _____

Please briefly explain why you are seeking counseling at this time: (use reverse side if needed.)