

CLIENT INFORMATION SUMMARY

PERSONAL INFORMATION: A PICTURE ID IS REQUIRED

Client Name _____ **Age** _____ **Birthdate** _____

Address _____

Home Phone (____) _____ **ok to leave messages Y/N** **Cell**(____) _____ **ok to leave messages Y/N**

School/Employer _____ **Last Grade Completed** _____ **SSN:** _____

Parent/Legal Guardian name (if minor) _____ **Birthdate** _____

Relationship to client: [] birth parent [] adoptive parent [] foster parent [] other _____

Address _____ **SSN** _____

Preferred Phone () _____ **ok to leave messages Y/N** **email:** _____

Parent/Legal Guardian name (if minor) _____ **Birthdate** _____

Relationship to client: [] birth parent [] adoptive parent [] foster parent [] other _____

Address _____ **SSN** _____

Preferred Phone () _____ **ok to leave messages Y/N** **email:** _____

Emergency contact _____ **Phone:** _____

INSURANCE INFORMATION: A COPY OF YOUR INSURANCE CARD IS REQUIRED

Primary

Name of policy holder _____ **Birthdate** _____

Address of policy holder _____ **Relationship to Client** _____

Insurance Company _____ **Preauth needed? Y/N**

Policy Number _____ **Group Number** _____ **Copay\$** _____

Secondary

Name of policy holder _____ **Birthdate** _____

Address of policy holder _____ **Relationship to Client** _____

Insurance Company _____ **Preauth needed? Y/N**

Policy Number _____ **Group Number** _____ **Copay\$** _____

If you are not the policy holder, do I have permission to discuss financial matters with the above named person Y/N

OTHER RESPONSIBLE PARTY (if other than yourself, please indicate below)

Name _____ **Relationship** _____

Address _____ **Phone:** _____

PLEASE NOTIFY OF INSURANCE CHANGES IMMEDIATELY