

Client Information - Adult

Client's name: _____ Today's date: ___/___/___

Address: _____
(Street) (City) (State) (Zip)

Date of birth: ___/___/___ Gender: _____ Sexual orientation: _____

How did you hear about me? _____

Occupation: _____ Employer: (if applicable) _____

Phone: _____ (home) _____ (mobile) _____ (work)

Email: _____

CONTACT INFORMATION

OK to send snail mail? Yes No OK to email? Yes No
OK to call? Yes No OK to leave message? Yes No Preferred number? _____

Payment Information

Private/Self Pay: Yes No

If not private pay, Insurance Name: _____

You are responsible for payment of charges incurred, regardless of whether your insurance company decides to honor this claim. Unless you are certain of this following information, I strongly urge you to call your insurance company before our first appointment.

Deductible: _____ Have you fulfilled your deductible for your calendar year?

Co-pay or coinsurance: \$ _____

Name of Policy Holder: _____

Birth Date of Policy Holder: _____

Address of Policy Holder: _____

Policy Holder ID Number: _____

Policy Holder Group Number: _____