

# Client Information Form

Client Name \_\_\_\_\_  
Must be full, legal name of the person being seen for therapy

New Client?  Client Update?

Address \_\_\_\_\_  
Street or PO Box City State Zip

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender  M  F

Home Phone \_\_\_\_\_  Y  N  
May I leave a message?

Client Marital Status  
 Single  Married  Other

Work Phone \_\_\_\_\_  Y  N  
May I leave a message?

Client Employed?  
 Yes  No

Other Phone \_\_\_\_\_  Y  N  
Please identify May I leave a message?

Client Student Status  
 Full Time  Part Time

Email: \_\_\_\_\_ May we text your cell phone?  Y  N

## How Did You Hear About My Practice? *\*Please be as specific as possible*

Name \_\_\_\_\_  Former/Current Client  Website  Print Media  
 Healthcare Professional  Mental Health Provider  Insurance Company  Word of Mouth

## Responsible Party Information *\*The responsible party will receive the bill for any services not covered by insurance. Please complete any information that differs from the client.*

Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street or PO Box

Work Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

## Insurance Information *\*Information in this section should pertain to the Primary Person listed on the insurance card. Please complete any information that differs from the client.*

Insurance Co \_\_\_\_\_ Insurance Phone# \_\_\_\_\_

Insured's Name \_\_\_\_\_ ID# \_\_\_\_\_

Group# \_\_\_\_\_ Patient Relationship to Insured  Self  Spouse  Child  Other

Insured's Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Street or PO Box

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Insured's SSN \_\_\_\_\_

Insured's DOB \_\_\_\_\_ Gender  M  F Insured's Employer \_\_\_\_\_

I hereby authorize the release of all information necessary to secure payment and assign all benefits to which I am entitled.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only** Provider \_\_\_\_\_ Diagnosis Code \_\_\_\_\_

Billing Notes \_\_\_\_\_