

# Client Information Form

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

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

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

Home Phone \_\_\_\_\_ Y N Client Marital Status  
May I leave a message? Single Married Other

Work Phone \_\_\_\_\_ Y N Client Employed?  
May I leave a message? Yes No

Other Phone \_\_\_\_\_ Y N Client Student Status  
Please identify May I leave a message? Full Time Part Time

Email: \_\_\_\_\_

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

Former/Current Client    Healthcare Professional    Yellow Pages    Mental Health Provider  
Insurance Company    Word of Mouth    Internet    Other Name \_\_\_\_\_

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

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
Street or PO Box  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

## Insurance Information *\*Information in this section should pertain to the Primary Person listed on the insurance card. Please only complete 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** Therapist: \_\_\_\_\_ Diagnosis Code \_\_\_\_\_  
Billing Notes \_\_\_\_\_

Form v1.0