

CLIENT INFORMATION SHEET

Client Information:

Name: (First): _____ (Last): _____ (MI): _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____ Email: _____

Telephone: (Work): _____ Ext: _____ (Home): _____

May we leave a message at work? (Y N) , at home (Y N) Date of Birth: _____

Social Security #: _____ Sex: (Circle) M F Student Status: (Circle) Yes No

Marital Status: (Married, Single, Widowed, Divorced, Other) _____

Emergency contact name/number _____

Employment Information (If we are filing your insurance)

Employer (of insured):

Address: _____

City: _____ State: _____ Zip: _____

Name of Insured: _____ Relationship to client: _____

Address: _____ Apt: _____

Telephone: _____ Social Security #: _____

Date of Birth: _____

Did the Insurance company/EAP give you an authorization number? _____

.....

Referral Information

Referred by: _____

(Primary Care Physician, Employer, Yellow Pages, Insurance Company, Other)

.....

Primary Insurance Information (Please loan us your insurance card so we may make a copy.)

Name of Insurance Company: _____

Address: _____ City: _____

State: _____ Zip: _____ Telephone: _____

Insured: _____ Relationship: _____

Social Security #: _____ Date of Birth: _____

Identification Number: _____ Group Number: _____

Secondary Insurance Information

Name of Insurance Company: _____

Address: _____ City: _____

State: _____ Zip: _____ Telephone: _____

Insured: _____ Relationship: _____

Social Security #: _____ Date of Birth: _____

Identification Number: _____ Group: _____

I verify that I have no other health coverage other than listed above _____

(Initial here please)

ASSIGNMENT OF BENEFITS

I authorize payment of benefits directly to the above named professional for services

Signed: _____ Date: _____

RELEASE OF INFORMATION

I authorize the release (includes release by means of FAX) of any information necessary to process this claim.

Signed: _____ Date: _____

If client is a minor, parent or guardian must sign below.

Signed: _____ Date: _____