

Client Information

Name _____ Guardian _____

Address _____ City _____ Zip _____

Cell Phone _____ Work Phone _____

Home Phone _____ Guardian Email _____

Client Email _____

Date of Birth _____ Preferred Method of Contact ___ Cell ___ Home ___ Work ___ Email

Employer/School _____

Emergency Phone Contact _____

Insurance Information

Primary Insurance

Secondary Insurance

Company _____

Identification # _____

Policy Holder _____

Address _____

Phone _____

Date of Birth _____

Employer _____

Relationship to Insured _____

OFFICE USE ONLY

Authorization _____

Clinician _____ Date _____

Dx: _____
