



CLIENT INFORMATION Date _____

Client Name	Sex M _____ F _____	Date of Birth	Employed Unemployed Retired Other: _____
Address	City	State	Zip Code
How do you want to be reminded of appointments? (Circle One) Phone Call Text Okay to leave message Yes No			
Home Phone:		Cell Phone:	
Email:		Social Security #:	
Marital Status: Single Married Partnered Separated Divorced Widowed (Circle One)			
How did you hear about The Counseling Group? Internet Friend Employer Dr Other			

RESPONSIBLE PARTY (Person who will pay the fees if different from Client)

Responsible Party's Name	Relationship to Client: Circle One Parent Spouse/Partner Other		
Address if different from Client	City	State	Zip Code
Phone Number	SS#	Email	

EAP (Employee Assistance Program)

Name of Company:	
Name of Employee	Relationship to Client: Self Parent Spouse/Partner Other

INSURANCE INFORMATION

Primary Insurance	Secondary Insurance
Subscriber Name Date of Birth	Subscriber Name Date of Birth
Patient's Relationship to Insured: (Circle One) Spouse Partner Child Self	Patient's Relationship to Insured: (Circle One) Spouse Partner Child Self
Subscriber ID # Group ID #	Subscriber ID # Group ID #
Subscriber Social Security #	Subscriber Social Security #

THERAPIST _____