

# INTAKE & BILLING INFORMATION

Name \_\_\_\_\_ Date of Initial Appointment \_\_\_\_/\_\_\_\_/\_\_\_\_

Partner/Spouse or Parent Name if applicable \_\_\_\_\_

Mailing Address \_\_\_\_\_ City & Zip \_\_\_\_\_

## COMMUNICATION:

Telephone(s) home \_\_\_\_\_ cell \_\_\_\_\_ work \_\_\_\_\_

Email \_\_\_\_\_ to be used for non-urgent messages only

## OTHER INFORMATION:

Gender circle M F Age \_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status \_\_\_\_\_

Education highest grade \_\_\_\_\_ Partner highest grade \_\_\_\_\_

Occupation self \_\_\_\_\_ Partner \_\_\_\_\_

Client's Employer \_\_\_\_\_ Partner \_\_\_\_\_

Emergency Contact name & phone number \_\_\_\_\_

How did you hear about me? \_\_\_\_\_

**BILLING INFORMATION:** Cash \_\_\_\_ Insurance \_\_\_\_ *\*see below* EAP

### 1. Primary Insurance

Name of Insured \_\_\_\_\_ Insured Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Insurance Identification Number \_\_\_\_\_

Relationship of Client to Insured Person self \_\_\_\_ partner/spouse \_\_\_\_ child \_\_\_\_

### 2. Secondary Insurance

Name of Insured \_\_\_\_\_ Insured Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Insurance Identification Number \_\_\_\_\_

Relationship of Client to Insured Person self \_\_\_\_ partner/spouse \_\_\_\_ child \_\_\_\_

**\*\*PLEASE BRING YOUR INSURANCE CARD TO FIRST SESSION\*\***

Note: I do not make reminder calls for appointments

Office Use: co-pay/session fee \$ \_\_\_\_\_  
Cash \_\_\_\_ Check \_\_\_\_ Credit /type \_\_\_\_\_

9/2011 doc.

