CLIENT REGISTRATION FORM

CLIENT INFORMATION

LAST NAME_________________________________FIRST_______________________________ MI_____

ADDRESS____

CITY ___________________________________ STATE__________________ZIP CODE________________

HOME PHONE __________________CELL_________________________ WORK______________________

EMAIL ADDRESS ______________________________How do you prefer to be contacted?_____________

EMERGENCY CONTACT_________________________________ PHONE_____________________________

CLIENT'S DATE OF BIRTH____________________________SSN_______________________SEX__________

CLIENT'S EMPLOYMENT____

PRIMARY CARE PHYSICIAN__________________________________DATE OF LAST VISIT________________

WHO REFERRED YOU?_______________________________MAY I CONTACT THIS PERSON? _____________

I give permission for Stephanie Brookins, LPC to contact _____________________________ for the purpose of coordination of care. I understand that information may be released regarding mental health treatment for this purpose. Any restrictions to this release are noted below.

SIGNATURE____DATE__________________________

Restrictions?____

GUARANTOR INFORMATION (person responsible for the bill)

GUARANTOR FULL NAME____

GUARANTOR'S ADDRESS____

GUARANTOR'S DATE OF BIRTH_____________________SOCIAL SECURITY NUMBER____________________

NAME OF INSURANCE COMPANY____(A copy of card is required)

PLEASE READ AND SIGN:
I authorize the release of any medical information necessary to complete insurance claims and hereby assign to Stephanie Brookins, LPC all payments for medical services rendered to me or dependents. I understand that I am responsible for any non-covered services, co-pays, and deductibles under this authorization. Regardless of insurance benefits, I understand that I am ultimately responsible for any services rendered (EAP excluded).
CONSENT FOR TREATMENT: I hereby authorize medical treatment and/or consultations for me and/or the above dependent as needed. I also understand that I may withdraw this consent in writing at my discretion. (If under the age of 18, a parent or guardian must sign for consent).

DATE_______________________SIGNATURE____

DATE_______________________SIGNATURE____