## **CLIENT INFORMATION FORM**

Date							
Client NameLast	i.	First		Middle		□ Male □ Female	
		_ Ok to call	this number? I this number? this number?	$\square$ yes $\square$ no	Leave messag	e?	
Email address (if y	ou wish us to	use this)					
Address							
Stre	et		City		State	Zip	
Date of Birth	Month/Date/Y						
Marital Status	□ single	□ married	$\Box$ separated	□ divorced	$\Box$ partnered		
Occupation							
Employer's Name							
If you are intending	ng to use thin	d-party/inst	ırance payme	nt, please fill	out the followi	ing:	
INSURANCE COMPANY			Phone #				
Claims Mailing Ad	dress (usuall	y on back of	card):				
Stre	et		City		State	Zip	
Policy Holder's Na		ast	First	Mic	ddle	□ Male □ Female	
Client's Relationsh	ip to the Poli	cy Holder					
Policy Holder's En	nployer		Polic	y Holder's Gr	oup Number		
Policy Holder's ID Number			Ins Co Prior Authorization #				
Policy Holder's Da	te of Birth _	Month/D	ate/Year				
Policy Holder's Ac	ldress:						
	Street		City		State	Zip	

Which phrase best describes your racial/ethnic backgroun applications and occasional research purposes.)	d? (This information is completely confidential and is used for grant
<ul> <li>□ African-American/Black (non-Hispanic)</li> <li>□ American Indian/Alaskan Native</li> <li>□ Caucasian-American/White (non-Hispanic)</li> <li>□ Mexican-American/Chicano/Latino</li> <li>□ Asian-American/Pacific Islander</li> </ul>	<ul> <li>□ Puerto Rican/Cuban/Other Hispanic</li> <li>□ Multiracial</li> <li>□ Other</li> <li>□ I prefer not to respond.</li> </ul>
Emergency Contact Phone (home) (work) (cell)	
Relationship to Client	
Religion/Congregation	
How did you hear about Westminster Counselin	g Center?
AUTHORIZATION FO I authorize the release of any medical informat	R RELEASE OF INFORMATION ion or other information necessary for billing or insurance uced copy of this original is as valid as the original.
Signature	Date
I authorize and request payment of medical be	BENEFITS TO PROVIDER OF SERVICE nefits to the provider or supplier of services. I understand ble for all non-covered charges.  Date
C	
*********	* * * * * * * * * * * * * * * * * * * *
please provide your email address. You may discon	emails of our monthly counselor column, "Counselor's Corner," tinue receiving them at any time. ve confidential emails of your column.
SignatureEmail addre	ss Date