ASSOCIATED COUNSELING PROFESSIONALS

CLIENT INFORMATION SHEET

Client Name ____ ** Social Security # of Insurance Card Holder

E-Mail Address____ **____________________________________

Address	City	State	Zip Code
______________________	______________	__________	________

Home Phone Number	Work Phone Number	Cell Phone Number	Gender M F	Age	Date of Birth
______________	______________	______________		_____	____/____/_______

Check One: ___ Single ___ Divorced ___ Married Is it ok to contact you at home? Yes No
___ Separated ___ Widowed ___ Other Is it ok to contact you at work? Yes No

Your Employer or School	Your Social Security Number
Name of Spouse (or Parent) Date of Birth	CHECK ONE: ___ Employed ___ Part-Time Student ___ Full –Time Student
In Case of Emergency, Notify	Phone Number
Physician Name	Medication You Are Taking

* *

INSURANCE INFORMATION

Insured's Name		Insured's Social Security Number		
Address	City	State		Zip Code
Home Phone Number	Work Phone Number	Cell Phone Number	Gender	Date of Birth
Insured's Employer or School		Check One: _____ Employed _____ Part-Time Student ______ Full-Time Students		

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FOR OFFICE USE: DO NOT WRITE BELOW THIS LINE

Benefits –

INSURANCE COMPANY ____

Deductible $________________

Co-pay $________________ Self Pay - Yes No (circle)

Number of Sessions - ________________/year

Authorization Needed - Yes _____ No _____

DSM CODE:________ ACCT. #____________

* *

CONSENT TO TREATMENT/CONFIDENTIALITY STATEMENT

I, (print name) ______________________________ consent for treatment to be rendered by ____, of Associated Counseling Professionals. I grant authority to them to perform those procedures and treatments that are necessary for my condition that are generally used in this and similar settings.

I understand that information or opinions will be given to others only with my written consent, with the exception that: When there is reason to believe that if a client threatens harm to himself or herself or others the law requires that a report be made. If there is a possibility of danger to a client or others due to a client's history, a report may need to be made.

SIGNED BY CLIENT **DATE:**

X____ X________________