



**CLIENT DATA SHEET**

Date of 1<sup>st</sup> appointment \_\_\_\_\_

**CLIENT INFORMATION**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Phones: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Non-custodial parent \_\_\_\_\_ Phone \_\_\_\_\_

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

Marital Status \_\_\_ Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Other Employer or School \_\_\_\_\_

If Child, Father's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

If Child, Mother's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Medication & Dosage \_\_\_\_\_

**INSURANCE INFORMATION**

Insured's Name \_\_\_\_\_ Phone \_\_\_\_\_

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

SS # or Insurance ID \_\_\_\_\_ Date of Birth \_\_\_\_\_

Employer \_\_\_\_\_ Group # \_\_\_\_\_

Insurance Company \_\_\_\_\_ Relationship to Client \_\_\_\_\_

**Please read the following and then sign and date. This will allow our office to submit insurance claims without your signature on every form.**

I authorize the release of medical information or other information necessary to process all claims. I authorize and direct payment of benefits under my health and medical insurance to the designated professional staff. I also request payment of government benefits to the party who accepts assignment.

\_\_\_\_\_

Signature of client or responsible party

\_\_\_\_\_

Date

**Responsibility Information**

I authorize the professional staff of Choices & Changes to administer evaluation and/or subsequent counseling treatment and/or psychological testing for myself and/or child, for whom I am legally responsible.

\_\_\_\_\_

Signature of client or responsible party

\_\_\_\_\_

Date

I am responsible for all financial obligations of mental health services, including failed appointments, for the above client and for reimbursement and payment of claims from my insurance company. If for any reason the account should become delinquent, I agree to pay for all rebilling charges, collection costs, court costs, and reasonable legal fees.

\_\_\_\_\_

Signature of client or responsible party

\_\_\_\_\_

Date