



NEW CLIENT INTAKE REGISTRATION

Please print in each section as completely as possible to the best of your knowledge.

PERSONAL & CONTACT INFORMATION

Name: _____ Parent's Name(s) (If Minor): _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ *After each number, please indicate if we can call/leave a message at that number.* Date of Birth: _____
Home _____ Yes No Social Security Number: _____
Work _____ Yes No Employer: _____
Cell _____ Yes No Employer's Address: _____
Marital Status: _____ Spouse/Partner's Name: _____
Contact Person (other than spouse): _____ Phone: _____
Referral Made By (How did you find us?): _____

METHOD OF PAYMENT

(PLEASE CHECK ALL THAT APPLY)

Insurance: Name: _____ (We will need a copy of your insurance card for details)
 Self Pay: Credit Card Cash Check
 Church Co-Pay: Church Name: _____ Pastor: _____
 Employee Assistance Program (EAP)
 Employer Flex Plan
 Health Savings Account (HSA)

CLIENT'S RIGHTS & RESPONSIBILITIES

My signature below means that: I have read the Client's Rights & Responsibilities, have had it read to me, and/or explained to me in language that I can understand, and that I agree to abide by the stated stipulations.

Client Signature Parent/Guardian & Relationship (if minor) Date

Therapist Signature Date

OFFICE USE ONLY

Date: _____ Tenn. Given: Yes No Intake person _____ Counselor _____

