

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax No. : \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

School: \_\_\_\_\_ Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Nearest Relative: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Referred By: \_\_\_\_\_

I will be paying by: Cash Check Credit card

Person Responsible for Bill: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

May We Call You?

At times, LifeCare Counseling and Coaching staff may need to contact you regarding scheduling or other issues. If you would like to be contacted for such reasons, please indicate the telephone numbers that can be used to reach you in the space provided below.

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

May we leave a brief confidential message? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, indicate where (e.g. voice mail, answering machine) \_\_\_\_\_

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Primary Insurance: \_\_\_\_\_ Client Relation to Policy Holder: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Policy Holder's Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Insurance ID No.: \_\_\_\_\_ Group: \_\_\_\_\_

Insurance Address: \_\_\_\_\_

Insurance Telephone Number: \_\_\_\_\_