

CLIENT INFORMATION RECORD - ADULT

Today's Date: _____

Client's Name: _____

Phone: _____

Address: _____

Prefer: Texts Voicemail

City, ST, Zip: _____

Birth Date: _____

Gender: M F **Age:** _____

Email Address: _____

Client's Work Information:

Employer: _____

Work Phone: _____

Address: _____

City, ST Zip: _____

Client's Spouse Information (if applicable):

Name: _____ **Age:** _____ **Birth Date:** _____

Employer: _____

Authorization to Disclose Information to Spouse? No Yes

Signature Date

Client Lives With (Name and Relationship of all people in the household):

Referred by: _____

Person Responsible for Payment:

Name: _____

Payment Policy: Payment is the responsibility of the client or responsible party. Payment is requested at the time of service. Payment may be made by cash, check, or credit card. We would be happy to provide a detailed billing summary for you to submit to your insurance company for possible reimbursement.

Authorization to Disclose Information to the Following People:

Signature Date

Signature Date

If you are unable to keep a scheduled appointment, please cancel 24 hours in advance. Missed appointments will be billed to the client or responsible party.