TOWNE LAKE COUNSELING
& MEDIATION

WWW.TOWNELAKECOUNSELING.COM

CLIENT INFORMATION FORM

Client's Full Name____ Date_______________

Address__________________________________ City/State/Zip Code________________________

Email Address________________________ Home Phone #____________Cell Phone #____________

(Email is used only for administrative purposes. Email is not an encrypted means of communication. By providing me your email address, you are consenting to receive email.)

Social Security #________________________ Age_______ Date of Birth_____________________

Sex_______ Marital Status M S D W Separated Referred By_____________________________

Employer____ Work Phone #_______________

Employer's Address____

School___________________________ Grade______ Special Education____________________

Spouse/Guardian Name____________________________________ Date of Birth_______________

Spouse/Guardian Social Security #____ Sex________

Primary Doctor____ Phone #____________________

Primary Insurance Co.___________________________________ Phone #____________________

Address to Mail Claims____

Insured_____________________________ I.D. #_____________________ Group #____________

Secondary Insurance Co._________________________________ Phone #____________________

Address to Mail Claims____

Insured_____________________________ I.D. #_____________________ Group #____________

I will be paying for my sessions by: CASH CHECK CREDIT CARD

I understand that full charges will be made for appointments not cancelled at least 24 hours in advance.

I hereby authorize treatment by Associates of Towne Lake Counseling on the above named client. I understand I am financially responsible for all services rendered including any changes or penalties made to the Associates of Towne Lake Counseling for any necessary outside collection assistance. I understand that the Associates of Towne Lake Counseling are not responsible for any final decisions of reduced or non-payment by my insurance company. I authorize the release of my information necessary to process claims and secure payment for service rendered.

CLIENT/GUARDIAN SIGNATURE____