



CLIENT INFORMATION SUMMARY

A PICTURE ID IS REQUIRED OF THE PARTY CONSENTING TO TREATMENT

Client Name _____ Age _____ Birthdate _____

Social Security Number: _____

Address _____

Town/City _____ State _____ Zip _____

Phone () _____ Cell () _____ Work () _____

_____ (Initial here) _____ (Initial here) _____ (Initial here)

Initial under each phone number at which you consent to my contacting you and/or leaving a message.

_____ *By initialing here, client or responsible party specifically consents to communication via email.*

_____ (insert email address)

Legal Guardian name _____ Birthdate _____ SSN _____

Address if different from above _____

Place of Employment _____

Email _____ (initial if you consent to contact with this party via email)

Emergency contact and phone _____

INSURANCE INFORMATION: A COPY OF YOUR INSURANCE CARD IS REQUIRED

If you are not the policy holder, please complete the following:

Name of policy holder _____

Address of policy holder _____

City _____ State _____ Zip _____

Birthdate of policy holder _____ Relationship to policy holder _____

Do we have permission to discuss financial matters with the above named person Y/N _____ (Initial here)

RESPONSIBLE PARTY (if other than yourself, please indicate below)

Name _____ Relationship _____

Address _____ Town _____ State _____ Zip _____

PLEASE NOTIFY OF INSURANCE CHANGES IMMEDIATELY