

Jade Mangus, LCSW
Client Registration

Client Information

First Name _____ Initial _____ Primary Phone _____
Last Name _____ Secondary Phone _____
Address _____ City _____ State _____
Zip _____
Birth Date _____ Sex: Male Female Marital Status _____
Social Security Number _____ Referred by _____
Are you employed? Yes No Name of Employer _____

Responsible Party

Information about the person who should receive the bill for counseling services (leave blank if same as client).

First Name _____ Initial _____ Home Phone _____
Last Name _____ Other Phone _____
Address _____ Birth Date _____
City _____ State _____ Zip _____ Sex: Male Female

Insurance Information

Insurance Company _____ Phone _____
Claims Address _____ City _____ State _____ Zip _____

Provide information about the POLICY HOLDER

First Name _____ Initial _____ Home Phone _____
Last Name _____ Other Phone _____
Address _____ Birth Date _____

City _____	State _____	Zip _____	Sex: Male	Female
Client's relation to the policy holder _____	ID Number _____			
Employers Name _____	Policy Number _____			
Copayment per session _____	Annual Deductible _____	Group Number _____		
_____	Authorization # _____		Insurance Plan Name _____	

Emergency Information

List the name and phone number for the person I should contact in case of an emergency.

Name _____	Phone _____	Phone _____
