

## CLIENT INFORMATION

Client Name: \_\_\_\_\_

Parent Name/Legal Guardian *(if client is a minor)*: \_\_\_\_\_

Client's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Client's Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Adult Client's Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Minor/Adult Client's School: \_\_\_\_\_

Phone (h): \_\_\_\_\_ Messages okay at home? Yes \_\_\_ No \_\_\_

Phone (cell): \_\_\_\_\_ Voice Messages okay on cell? Yes \_\_\_ No \_\_\_

Text Messages okay? Yes \_\_\_ No \_\_\_

Phone (w): \_\_\_\_\_ Messages okay at work? Yes \_\_\_ No \_\_\_

Email: \_\_\_\_\_ E-mail Messages okay? Yes \_\_\_ No \_\_\_

*\*Solace sends automated reminder messages for appointments: do you prefer to receive phone \_\_\_\_\_, email \_\_\_\_\_, or text message \_\_\_\_\_ reminders?*

*If you choose text message, who is your cell phone provider? \_\_\_\_\_*

How did you find out about Solace Counseling Associates? \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Ethnic/Cultural Heritage: \_\_\_\_\_

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

## INSURANCE INFORMATION

### PRIMARY INSURANCE

Name of Insurance Co: \_\_\_\_\_

ID Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Insurance Customer Service Telephone Number: \_\_\_\_\_

Name of Subscriber (*person who carries insurance*): \_\_\_\_\_

Date of Birth of Subscriber? \_\_\_\_\_ Subscriber's phone number: \_\_\_\_\_

Subscriber's Place of Employment: \_\_\_\_\_

Client Relationship to Subscriber: \_\_\_\_\_ self, \_\_\_\_\_ spouse, \_\_\_\_\_ child, \_\_\_\_\_ other

### \*SECONDARY INSURANCE (*please fill out if there is a second insurance*)

Name of Insurance Co: \_\_\_\_\_

ID Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Insurance Customer Service Telephone Number: \_\_\_\_\_

Name of Subscriber (*person who carries insurance*): \_\_\_\_\_

Date of Birth of Subscriber? \_\_\_\_\_ Subscriber's phone number: \_\_\_\_\_

Subscriber's Place of Employment: \_\_\_\_\_

Client Relationship to Subscriber: \_\_\_\_\_ self, \_\_\_\_\_ spouse, \_\_\_\_\_ child, \_\_\_\_\_ other