

Renewing Hope

COUNSELING SERVICE

NEW CLIENT FORM

DATE _____

Client Name _____ DOB _____ Age _____

Address (street) _____

(City) _____ (State) _____ (zip code) _____

Home # _____ Cell # _____ Marital Status _____

E-mail _____

Which method do you prefer we contact you? _____ Phone _____ Text _____ Email _____

Social Security Number _____ Gender M F

Employer Name _____ Occupation _____

Employer Address _____ Work# _____

Emergency Contact _____ Relationship _____ Phone _____

How did you hear about us? _____

Which Therapist are you seeing? _____ Bryon Bratt _____ Joni Ramsey

INSURANCE INFORMATION

Do you have Medical Insurance _____ (If Yes, please answer all questions below)

Primary Insurance _____ ID # or Medicaid # _____

Group # _____ Effective Date _____ Policy Holder Name _____

Policy Holder DOB: _____ Relationship _____ Policy Holder SS # _____

If Midlands Choice, insurance carrier _____

Secondary Insurance _____ ID # or Medicaid # _____

Group # _____ Effective Date _____ Policy Holder Name _____

Policy Holder DOB: _____ Relationship _____ Policy Holder SS # _____

If Midlands Choice, insurance carrier _____