

## Client Information Sheet

Client's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Guardian (if Minor): \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ / \_\_\_\_\_ Work Phone: \_\_\_\_\_ / \_\_\_\_\_

Please do not call me at home.

Please do not call me at work.

Mobile Phone: \_\_\_\_\_ / \_\_\_\_\_ Email Address: \_\_\_\_\_

Please do not call me on my mobile phone.

Please do not use my Email Address.

Client's Birth Date: \_\_\_\_\_ Client's SSN: \_\_\_\_\_

Other people living in Client's household:

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Client's Marital Status:  Single  Married  Separated/Divorced (Single)  
 Divorced/Widowed (Remarried)  Widowed  Other \_\_\_\_\_

Billing Information:

I will pay for each session at the day of the service.

Please send bills to this address only: \_\_\_\_\_

Please send bills directly to my home address (listed above).

Please also bill insurance (please provide necessary forms, copy of insurance card, and obtain initial authorization).

Name of Policy Holder: \_\_\_\_\_ Relationship to Insured: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Policy Holder's DOB: \_\_\_\_\_

Insurance Carrier's Name: \_\_\_\_\_ Policy Holder's SSN: \_\_\_\_\_

Insurance Co. Street Address (for Behavioral Health Claims): \_\_\_\_\_

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

Insurance Carrier's Phone Number: \_\_\_\_\_ / \_\_\_\_\_ Authorization Number: \_\_\_\_\_

ID Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

I have received a copy of the **Colorado Notice Form**. \_\_\_\_\_ (signature/date)

I have received a copy of the **Services Agreement** and signed it. \_\_\_\_\_ (signature/date)

Have you ever been in therapy before? If yes, who did you see and when were you seen?

\_\_\_\_\_

List any medications you have ever taken on a regular basis, including doses and dates.

\_\_\_\_\_

What brought you here today?

\_\_\_\_\_