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### CLIENT INFORMATION SHEET

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

SS#: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

May we call and leave messages at these numbers? Yes No If not, how may we reach you?

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

How long? \_\_\_\_\_ Education \_\_\_\_\_

Are you under a physician's care? \_\_\_\_\_ Physician \_\_\_\_\_

Phone number \_\_\_\_\_

Identify medical conditions \_\_\_\_\_

List Medications and dosages: \_\_\_\_\_

Relationship Status:  Single  Cohabiting  Married  Partnered  Separated  Divorced  
 Widowed

List Children (ages) \_\_\_\_\_

Do you have custody? \_\_\_\_\_ If not who does? \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Referred By : \_\_\_\_\_

Do I have your permission to thank them for the referral? Y N

Employee Assistance Program clients must comply with the stipulations of their company policy, which was explained when you called the toll free number. Fees for EAP sessions are covered by your policy. No-shows and late cancellations may be charged to you directly. PLEASE NOTE: **Appointments must be cancelled 24 hours prior to the appointment;** otherwise, you will be charged the full fee. It is customary for payment for professional services to be made following each session. An 18% interest rate will be applied to accounts over 60 days old. Each client is provided with an information sheet that covers essential information. If this office does bill your insurance company, your signature authorizes the release of any medical or other information necessary to process the claims and you authorize third party payment for services rendered. Please understand that you are financially responsible for services rendered, including collections fees. Please sign below to indicate that you have received and read these notations.

**SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

If you have any questions, I would be happy to discuss them with you. – Lisa A. Smith