

Advanced Counseling Services

Please Print and Fill Out Completely

Contract for Services and Client Information

If client is a child, please fill out this section, if not continue below:

_____ Student Full or Part time or Not Applicable _____

Name of Child _____

Gender M/F _____ Date of Birth _____ Name of School _____

Note: The parent/guardian bringing the child should fill out the next section. The parent or guardian bringing the child to counseling will be responsible for full payment. Our office does not provide split billings for parents.

If client is an adult, please fill out this section

OR if client is child, the parent/guardian bringing child to counseling needs to fill out this section.

_____ Name _____

Gender M/F _____ Date of Birth _____ SSN# _____

_____ Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____ email address _____

Can we leave messages at your Home Phone Y/N Cell Phone Y/N Work Phone Y/N Other Phone Y/N

_____ Place of Employment _____ Relationship to Client (Self, Mother, Father, Guardian, Etc) _____

_____ If married, spouse's name _____

Spouse's Date of Birth _____ Spouse's Social Security Number _____

Who may we thank for your referral _____

Please Note: We must have a copy of your insurance card(s) in order to file with insurance.

Primary Insurance Information

_____ Employee/Insured's Name _____

Employee/Insured's subscriber ID _____ Insured Date of Birth _____

_____ Address of insured, if not listed above _____

City State Zip of insured, if not listed above _____ Phone of insured _____

_____ Insurance Company Name _____

_____ Employer _____

_____ Client's Relationship to Insured (ie Spouse, Son, Daughter, etc) _____

Have you contacted your insurance company? _____

Please share with us any information they told you.

Secondary Insurance Information

_____ Employee/Insured's Name _____

Employee/Insured's SSN _____ Insured Date of Birth _____

_____ Address of insured, if not listed above _____

City State Zip of insured, if not listed above _____ Phone of insured _____

_____ Insurance Company Name _____

_____ Employer _____

_____ Client's Relationship to Insured (ie Spouse, Son, Daughter, etc) _____

Have you contacted your insurance company? _____

Please share with us any information they told you.

