



**NEW CLIENT REGISTRATION – BLUE HEART SERVICES, LLC**

|  |   |                          |
|--|---|--------------------------|
| <b>Client Name (First, MI, Last)</b>   | <b>Sex</b> <input type="radio"/> Male<br><input type="radio"/> Female | <b>Date of Birth</b>     |
| <b>Address (Street, Apt.No.) City State Zip</b>  |   |                          |
| <b>Phone</b>   | <b>Email</b>  | <b>Sober Living?</b>     |
| <b>Marital Status:</b> <input type="radio"/> divorced<br><input type="radio"/> married <input type="radio"/> widowed<br><input type="radio"/> separated <input type="radio"/> single | <b>Who referred you here?</b>   | <b>Emergency Contact</b> |

**INSURANCE INFORMATION**  
(We can only accept Ohio Medicaid)

|  |                               |
|--|-------------------------------|
| <b>Name of Insurance Provider:</b> _____                         |                               |
| <b>Member ID:</b> _____  | <b>SSN:</b> _____             |
| <b>Drug of choice:</b> _____                                     | <b>Last day of use:</b> _____ |
| <a href="http://www.findmyfreedom.org">www.findmyfreedom.org</a> | 513.222.2180                  |

PLEASE RETURN TO [INFO@BLUEHEARTCINNATI.ORG](mailto:INFO@BLUEHEARTCINNATI.ORG) OR FAX TO 513.279.3161