



Eastern Iowa Family Counseling
New Client Referral Form

Who referred you: _____

Client Demographics:

Full Legal name: _____

Date of Birth: _____

Preferred Name: _____

Social Security Number: _____

Home Address: _____

Cell Phone Number: _____

Home Phone Number: _____

* A Physical Address Is Required

May we leave a detailed message? [] Yes [] No

May we send Appointment Reminders? [] No [] Text [] Call [] Email: _____

Gender: [] Male [] Female Race: _____ Marital Status: _____

Religious Preference: _____ Employment Status: _____

Employer, School, Other: _____

Parent/Guardian (if Client is a minor):

1) Name: _____ Relation to Client: _____ Phone: _____

2) Name: _____ Relation to Client: _____ Phone: _____

Guarantor (Financially Responsible Party) (if Client is a minor and/or if other than Client):

Name: _____ Relation to Client: _____ Date of Birth: _____

Mailing Address: _____ Phone Number: _____

Social Security Number _____

Insurance: (If coverage is through a Managed Care Organization, please list MCO name and policy number in addition to Sate ID Number):

Primary MCO _____ ID # _____ Other ID # _____
Group # _____ ie State T19 ID _____

Subscriber & their DOB _____ Subscribers Employer _____ Subscriber's Address _____

Secondary MCO _____ ID # _____ Other ID # _____
Group # _____ ie State T19 ID _____

Subscriber & their DOB _____ Subscribers Employer _____ Subscriber's Address _____

*Is the client currently under a committal or was recently committed? [] Yes [] No If "yes" list date(s) of committal: _____

Emergency Contact: *We will only contact the Emergency Contact person listed if there is a medical or mental health emergency.

Name: _____ Relation to Client: _____ Phone: _____