

RENARI COUNSELING LLC

7662 Slate Ridge Blvd., Reynoldsburg, OH 43068

CLIENT INFORMATION

(Please complete the following information. NOTE: All information will be held confidential.)

Client's Full Name: _____ Sex: M / F DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Permission to text: Y / N

Email: _____ Employer: _____

Status: (S) Single, (M) Married, (W) Widowed, (D) Divorced, (P) Separated

Emergency Contact Name: _____ Phone: _____

Name of party responsible for payment: _____ Phone: _____

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(For all minor clients, please complete the following information.)

Parental or Legal Guardian's Name: _____

DOB: _____ Relationship to Client: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Email: _____

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INSURANCE INFORMATION

(This section must be completed or full payment for services will be required)

Primary Insurance Name: _____ Phone: _____

Member ID #: _____ Group #: _____

Did you receive an authorization for EAP services?: Yes / No

If yes, what is the authorization #: _____ ****Please attach copy of insurance card****

Subscriber's Name: _____ DOB: _____

Subscriber's Employer: _____