

THE THERAPY PLACE

7200 W 13th Street North , Ste. 105 Wichita, KS 67212-2943 Phone (316) 516-7269

FAMILY INFORMATION

Date _____

Client Information

Name _____ Date of Birth _____

Address _____

Email Address _____

Home Phone _____ Cell Phone _____

Employer _____ Job Title _____

Person Responsible for Payment

Name _____ Relationship _____ Date of Birth _____

Address _____

Email Address _____

Home Phone _____ Cell Phone _____

Employer _____ Job Title _____

Insurance Information

Insurance Company _____ ID# _____

Name of Primary Holder _____ SSN _____

Relationship to Client _____ Group # _____

Primary Care Physician Information

Name _____ Phone _____ Fax _____

Name of Clinic _____ Address _____

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FAMILY INFORMATION

Please list all children or adults living with you (Full-Time and/or Part-Time)

Name	Relationship	Date of Birth	Work Place / School	Type of Custody	
				Full Guardianship	Joint Temporary
				Full Guardianship	Joint Temporary
				Full Guardianship	Joint Temporary
				Full Guardianship	Joint Temporary
				Full Guardianship	Joint Temporary
				Full Guardianship	Joint Temporary
				Full Guardianship	Joint Temporary
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				Full Guardianship	Joint Temporary
				Full Guardianship	Joint Temporary
				Full Guardianship	Joint Temporary
				Full Guardianship	Joint Temporary
				Full Guardianship	Joint Temporary
				Full Guardianship	Joint Temporary

Please describe your custody arrangement _____
