



FOR OFFICE USE ONLY: Date: _____ ID #: _____ Provider: _____ EAP Authorization: _____
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Client Information:

Last Name: _____ Date of Birth: _____
 First Name: _____ M.I. _____ Marital Status: _____
 Address: _____ Social Security # _____
 City/State/Zip: _____ Gender: Male () Female ()

I MAY CALL YOU AT:

Is it OK to leave a message?

	Yes	NO
Home Phone _____	()	()
Cell Phone _____	()	()
Work _____	()	()
Email _____	()	()

If you would have an emergency, who would you want contacted?

Name: _____ Relationship: _____

Phone Number: _____

IF CLIENT YOUNGER THAN 19 YEARS OLD:

Parent's Name(s): _____

If parents are separated/divorced, who is the custodial parent?

Or check here if joint custody ()

Name: _____

Address if not same as the client: _____

City/State/Zip: _____ Phone Number: _____

FINANCIALLY RESPONSIBLE PARTY

(If Not Client)

Name: _____

Address: _____

City/ST/Zip: _____

Date of Birth: _____

Phone: _____

SSN#: _____

Relationship to Client: _____

Primary Insurance Card Holder:

Check here if same as Responsible Party ()

Name: _____

Address: _____

City/ST/Zip: _____

Date of Birth: _____

Phone: _____

SSN#: _____

Relationship to Client: _____

REFERRAL: Who referred you to Kyle Mabus Counseling? _____

May we thank who referred you? If yes, please initial here: _____