

# New Client Form/Insurance Benefits and Assignment

NAME \_\_\_\_\_ SOC. SEC.# \_\_\_\_\_  
LAST NAME FIRST NAME INITIAL

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

GENDER M F AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ MARITAL STATUS \_\_\_\_\_ STUDENT \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYED BY \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Emergency Contact \_\_\_\_\_ PH \_\_\_\_\_ Relationship \_\_\_\_\_

Please check all that apply, read below and sign:

***I authorize that messages may be left for me or calls may be returned to my:***

Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other person answering my phone numbers \_\_\_\_\_ Email \_\_\_\_\_

***Can I send you an appointment reminder? Yes No Where would you like the appointment reminder sent***

Home phone \_\_\_\_\_ Text message \_\_\_\_\_ Email \_\_\_\_\_

***I acknowledge that Teresa McCrossin, LCSW, may use Email, Fax, and Cellular Phone as a means of communication and cannot absolutely guarantee the security of these forms of communication***

CLIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## PRIMARY INSURANCE

### **POLICY HOLDER/GUARDIAN'S INFORMATION (if different from above)**

INSURED'S NAME \_\_\_\_\_ SOC. SEC.# \_\_\_\_\_  
LAST NAME FIRST NAME INITIAL

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

INSURED'S ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYED BY \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK ONE \_\_\_\_\_

INSURANCE NAME \_\_\_\_\_ INSUREDS' ID # \_\_\_\_\_ Group/Policy # \_\_\_\_\_

INSURANCE CLAIMS MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ INSURANCE PROVIDER PHONE NUMBER \_\_\_\_\_

CO-PAYMENT AMOUNT \_\_\_\_\_ DEDUCTABLE (IF ANY) \_\_\_\_\_

