

**Personal Information**

Client Name:	Parent/ Guardian Name:
Client DOB:	Parent/ Guardian DOB:
Address:	Address <i>if different</i> :
City:	City:
State:                      Zip code:	State:                      Zip code:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Client's Email:	Client's Email:

**Appointment Reminders**

I would like the following type of reminder for appointments:

- Email (requires e-mail)
- Text message (requires a cell number)
- Phone call (specify which phone number please:  home,  work,  cell)
- None

**Insurance Authorization and Assignment**

All professional services rendered are charged to the client. The client (if own guardian), guardian, and/or parent is responsible for all fees, regardless of private or group insurance coverage. Your insurance company will be billed as a courtesy. However, you are responsible for your bill. **Your co-payment is expected at the time of your visit.**

I hereby authorize Allen Blair to furnish information to insurance carriers concerning my diagnosis and treatments, and any additional information requested by the insurance provider for payment. I understand that I am responsible for any amount not covered by insurance.

**Insurance Information**

The insured person is:  self     spouse     parent     other

Insurance company name:	Social security #:
Policy holder:	Date of birth:
Address:	Sex: male <input type="checkbox"/> female <input type="checkbox"/>
City:	Insurance ID #:
State:                      Zip code:	Insurance group #:
Work phone:	Insurance company phone #:

Is the client covered by any other insurance?     yes                       no

\_\_\_\_\_

Client or Guardian

\_\_\_\_\_

Date

\_\_\_\_\_

Counselor Signature

\_\_\_\_\_

Date