



# Client Administrative Data Form

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Counselor \_\_\_\_\_ Session Rate: \_\_\_\_\_

Counseling Type: Individual \_\_\_\_ Family \_\_\_\_ Group \_\_\_\_ Other \_\_\_\_ Diagnosis Code \_\_\_\_\_

CLIENT NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS \_\_\_\_\_ GENDER \_\_\_\_ MARITAL STATUS \_\_\_\_

ZIP CODE \_\_\_\_\_

CLIENT PHONE NUMBER \_\_\_\_\_ OTHER NUMBER \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMPLOYER \_\_\_\_\_

PREVIOUS NEW SOURCE CLIENT? YES \_\_\_\_ NO \_\_\_\_ COUNSELOR \_\_\_\_\_

RELIGIOUS PREFERENCE \_\_\_\_\_

## RESPONSIBLE PARTY, IF NOT CLIENT:

NAME \_\_\_\_\_

ADDRESS, IF DIFFERENT THAN CLIENT'S \_\_\_\_\_

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

PHONE NUMBER \_\_\_\_\_ RELATIONSHIP TO CLIENT \_\_\_\_\_

EMERGENCY CONTACT/RELATIONSHIP \_\_\_\_/\_\_\_\_ PHONE \_\_\_\_\_

## COMMUNICATION CLEARANCE:

MAIL TO HOUSE: YES \_\_\_\_ NO \_\_\_\_ (IF NO, PROVIDE AN ALTERNATIVE ADDRESS)

CALLS TO HOME NUMBER: YES \_\_\_\_ NO \_\_\_\_

MESSAGES ON VOICE MAIL/ANSWERING MACHINE: YES \_\_\_\_ NO \_\_\_\_

APPOINTMENT REMINDER VIA TEXT: YES \_\_\_\_ NO \_\_\_\_

REFERRAL SOURCE: CLERGY \_\_\_\_ FRIEND \_\_\_\_ PROFESSIONAL \_\_\_\_ WEBSITE \_\_\_\_ OTHER \_\_\_\_

## INSURANCE INFORMATION:

### PRIMARY:

INSURANCE COMPANY \_\_\_\_\_ INSURANCE PHONE \_\_\_\_\_

POLICY HOLDER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ EMPLOYER \_\_\_\_\_

CLAIMS ADDRESS \_\_\_\_\_

POLICY # \_\_\_\_\_ GROUP # \_\_\_\_\_ EFFECTIVE DATE \_\_\_\_\_

### SECONDARY:

INSURANCE COMPANY \_\_\_\_\_ INSURANCE PHONE \_\_\_\_\_

POLICY HOLDER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ EMPLOYER \_\_\_\_\_

CLAIMS ADDRESS \_\_\_\_\_

POLICY # \_\_\_\_\_ GROUP # \_\_\_\_\_ EFFECTIVE DATE \_\_\_\_\_