

## CLIENT INFORMATION FORM

Paul David, Ph.D., LMFT, LMHC

**Client Identification**—Please complete this section for those who will be receiving mental health services:

Name(s) & Age(s) \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone \_\_\_\_\_ CellPh HmPh Wk Ph Other: \_\_\_\_\_

Contact E-mail \_\_\_\_\_ Preferred Communication: Ph Email

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Financial Responsibility**—If you will be using health insurance, please complete this section:

Name of Insured \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Gender \_\_\_  
(First, Middle, Last)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Insured's Employer \_\_\_\_\_ Type of Work \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver License's No. \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Carrier's Phone \_\_\_\_\_

Carrier's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Policy ID \_\_\_\_\_ Group No. \_\_\_\_\_ Co-Pay Amount \_\_\_\_\_  
(include all lettered prefixes)

Insurance Effective Date \_\_\_\_\_ Deductible Amount \_\_\_\_\_

Have you met your deductible ? Y / N

*If you have not yet met your deductible, payment in full is due at the time of service.*

**Insurance Authorization:** I authorize release of information, including copies of medical records to my insurance carrier, managed care company, clinical/case manager, primary care physician as needed to fulfill insurance requirements for processing my claims or as needed for treatment planning and management required by my insurance carrier. I further authorize payment of insurance benefits for services rendered to Paul David, Ph.D., LMFT, LMHC.

**Financial Responsibility:** I understand that if my insurance company should deny payment for any reason, I will be responsible for any outstanding financial debt associated with therapy services. I also understand that I will be responsible for any late cancellation and no show fees at a rate of up to \$150.00 per session.

Client(s) Signature \_\_\_\_\_ Date \_\_\_\_\_