

Sandy Milton, LICSW, ACSW

**Background Information**

Today's Date \_\_\_\_\_

**I. Primary Client Name** (If couple or group, the one person who will be the identified client):

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_ Work Phone # ( ) \_\_\_\_\_ Cell Phone # ( ) \_\_\_\_\_

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

Mailing address if different from above \_\_\_\_\_

Driver's license # \_\_\_\_\_ Date of Birth (DOB) \_\_\_\_\_ SS# \_\_\_\_\_

Employer \_\_\_\_\_ Client E-mail \_\_\_\_\_

**II. Spouse's/Other Client's Information** (or if primary client is a minor, give parent/guardian information below):

Relationship to primary client: Spouse \_\_\_\_\_ Parent \_\_\_\_\_ Legal Guardian \_\_\_\_\_ Child \_\_\_\_\_ Other \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_ Work Phone # ( ) \_\_\_\_\_ Cell Phone # ( ) \_\_\_\_\_

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

Mailing address if different from above \_\_\_\_\_

Driver's license # \_\_\_\_\_ Date of Birth (DOB) \_\_\_\_\_ SS# \_\_\_\_\_

**Are you using an Employee Assistance Program (EAP)** \_\_\_\_\_ yes \_\_\_\_\_ no **If yes, who do we bill?** \_\_\_\_\_

**EAP Phone #** ( ) \_\_\_\_\_ **How many sessions?** \_\_\_\_\_ **Authorization #** \_\_\_\_\_

Primary Insurance Co \_\_\_\_\_ Grp # \_\_\_\_\_ ID# \_\_\_\_\_

**Ins Billing Address** \_\_\_\_\_ **Ins Phone #** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Name of Subscriber** \_\_\_\_\_ **Relationship to client** \_\_\_\_\_

**Subscriber's Address (if not above)** \_\_\_\_\_ **DOB** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Subscriber's Employer** \_\_\_\_\_ **Phone #** \_\_\_\_\_

Any secondary insurance? (please give complete information) \_\_\_\_\_

**Signature of person financially responsible for bill: (Include address and phone # if not above)** \_\_\_\_\_

**Person to Notify if Emergency:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Name of person, organization or ad that referred you:** \_\_\_\_\_