

Client Registration Information

Please complete this information:

Client Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Nickname (if any): \_\_\_\_\_ Marital Status:  Married  Single  Other \_\_\_\_\_

Birth Date: \_\_\_\_\_ Level of Education Completed: \_\_\_\_\_

Employment:  Employed  Student  Unemployed Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_  Cell  Home  Work Email: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_  Cell  Home  Work

Spouse/Partner Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name/Location of Client's Psychiatrist/Physician: \_\_\_\_\_

Complete for each additional client:

First Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_ Level of Education Completed: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

First Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_ Level of Education Completed: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Complete if client is a minor:

Caregiver's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Caregiver's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

How did you hear about Turning Point Therapy?

Internet  Family/friend  Provider (who?) \_\_\_\_\_

Other: \_\_\_\_\_

Primary Insurance Information

Insurance Type: \_\_\_\_\_ Relationship to Insured: \_\_\_\_\_  
Insured's ID Number: \_\_\_\_\_ Birth Date of Insured: \_\_\_\_\_  
Insured's Policy Group: \_\_\_\_\_  
Insured's Employer/School: \_\_\_\_\_  
Insured's Plan Name: \_\_\_\_\_  
Effective Date: \_\_\_\_\_  
Copay amount: \_\_\_\_\_  
Deductible amount: \_\_\_\_\_  
Responsible Party for Billing: \_\_\_\_\_

Secondary Insurance Information

Insurance Type: \_\_\_\_\_ Relationship to Insured: \_\_\_\_\_  
Insured's ID Number: \_\_\_\_\_ Birth Date of Insured: \_\_\_\_\_  
Insured's Policy Group: \_\_\_\_\_  
Insured's Employer/School: \_\_\_\_\_  
Insured's Plan Name: \_\_\_\_\_  
Effective Date: \_\_\_\_\_  
Copay amount: \_\_\_\_\_  
Deductible amount: \_\_\_\_\_  
Responsible Party for Billing: \_\_\_\_\_