Caudill Counseling Center

Individual & Family Therapy

Shaun Caudill, KLPC

CLIENT INTAKE FORM

General Information

Patient Registration Form

Today's Date:

Patient Information

Last Name: First: Middle: ☐ Mr. ☐ Miss ☐ Mrs. ☐ Ms. Marital Status (Circle One) Single / Mar / Div / Sep / Wid

Street Address: City: State: Zip Code:

Home Phone no.: Cell/Other Contact no.: Social Security no.: Birth Date: Sex: ☐ M ☐ F

Employer: Occupation: Work Phone no.:

Street Address: City: State: Zip Code:

Referring Doctor (if required by insurance):

Notify Primary Care Physician? ☐ Yes ☐ No Name of Primary Care Physician Contact no.: ( )

In Case of Emergency

Emergency Contact Name: Home Phone no.: Cell Phone no.:

Insurance Information*

Insured's Last Name (If Different): First: Middle: ☐ Mr. ☐ Miss ☐ Mrs. ☐ Ms. Marital Status (Circle One) Single / Mar / Div / Sep / Wid

Home Phone no.: Cell/Other Contact no.: Social Security no.: Birth Date: Sex: ☐ M ☐ F

Insurance Company: Insurance Billing Address: Insurance Phone no.:

Policy no.:	Group no.:	Relationship to Insured:	□ Self	□ Spouse	□Dependent
Secondary Insurance Information (If Applicable)					
Insurance Company:		Insurance Billing Address:			Insurance Phone no.:
Policy no.:	Group no.:	Relationship to Insured:	□ Self	□ Spouse	□Dependent

The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the provider. I understand that I am financially responsible for any balance. I also authorize ……., those acting on the practice's behalf, and my insurance company to release any information required to process my claims.
Furthermore, I have reviewed the Notice of Privacy Practices provided. I fully understand and accept the terms of this consent.

_____
_____
Patient/Guardian Signature Date

*Note: Caudill Counseling Center doesn't file insurance claims on behalf of clients. However, clients are wellcome to self-file. Shaun Caudill will provide all the necessary information at your request.

Please describe below your reason(s) for seeking therapy.
(Be as thorough and specific as you can in the space provided.)