

Cheryl Underhill, LPC

Administrative Office: 990 IH-10 North Suite 105 Beaumont, TX 77702

CONFIDENTIAL INFORMATION SHEET

Please fill out the form as completely as you can. All information will be held in strict confidence.

Date: ___/___/___

CLIENT INFORMATION:

Name: _____ Birthdate: ___/___/___

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone _____ Mobile: _____

Preferred Phone to Call ___ H ___ W ___ M Is it okay to leave a message? ___ Y ___ N

Sex: ___ M ___ F Marital Status: ___ (M) ___ (D) ___ (S) Email: _____

SSN: ___ - ___ - ___ (Required for us to bill your insurance) Referred by: _____

INSURANCE INFORMATION:

Insurance Carrier: _____ Phone : () _____ - _____

Employer: _____ ID # _____ Group # _____

Insured's Name: _____ Insured's DOB: _____

Insured's SSN: ___ - ___ - ___ (Required for us to bill your insurance)

RESPONSIBLE PARTY INFORMATION

Name: _____ Email: _____

Relationship to client: ___ Self ___ Spouse ___ Child ___ Other (please indicate): _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Mobile: _____

FOR PROVIDER'S USE:

DX _____ Copay/Coinsurance _____ Benefits Last Checked _____

EAP Available ___ Y ___ N Authorization Required ___ Y ___ N Auth # _____