



**CONTACT INFORMATION**

**CLIENT NAME** \_\_\_\_\_ **D.O.B.**    /    /    \_\_\_\_\_

**PARENT/GUARDIAN NAME (IF MINOR):** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**TOWN:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**HOME** Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Ok to Contact at this number? Y / N Leave Message? Y / N

**CELL** Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Ok to Contact at this number? Y / N Leave Message? Y / N

**WORK** Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Ok to Contact at this number? Y / N Leave Message? Y / N

Client/Parent Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

How did you learn of Norfolk Counseling Services? \_\_\_\_\_

**INSURANCE INFORMATION:**

Subscriber's Name: \_\_\_\_\_ **D.O.B.**    /    /    \_\_\_\_\_

Relationship to Client: \_\_\_\_\_ Self \_\_\_\_\_ Spouse \_\_\_\_\_ Parent \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ GroupNumber: \_\_\_\_\_

Subscriber's Employer: \_\_\_\_\_

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**\*\*Office Use Only\*\*** Authorization # \_\_\_\_\_ Date of Authorization: \_\_\_\_\_

# Sessions Authorized: \_\_\_\_\_ Copay Amount: \_\_\_\_\_ Deductible: \_\_\_\_\_