

CLIENT INFORMATION

Personal Information	
Full Name	
Name you prefer to be called	
Home Address (Street address)	
(City and Zip Code)	
Cellular Phone	
Work Phone	
Home E-mail Address	
Birthday (MM/DD/YYYY)	
Driver's License Number	
Responsible Person & Relationship <small>*(If different from above)</small>	
Driver's License Number	
Emergency Contact & Relationship <small>*(Not living with you)</small>	
Address	
Phone	
Insurance Information	
Insurance Company	
Phone	
Certificate #	
Group #	
Employer Name	
Employer Phone	
Employer Address	

FINANCIAL RESPONSIBILITY

I authorize the treatment of the person named above and agree to pay all fees and charges for such treatment. I agree to pay all charges promptly upon presentation of statements unless other arrangements are agreed upon in writing. In the event legal action is necessary to collect unpaid balances, I agree to pay reasonable attorneys' fees and other such costs as the court determines proper. I agree to pay my co-pay at the time services are rendered. I hereby authorize the provider to release all information necessary to secure the payment of benefits to outside agencies.

IF UNABLE TO KEEP YOUR APPOINTMENT, KINDLY GIVE 24 HOURS NOTICE. OTHERWISE A 50% CHARGE WILL BE MADE FOR THE TIME RESERVED, UNLESS YOU RE-SCHEDULE WITHIN THE WEEK.

Signature _____ Date _____

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