



### Insurance Information

<b>Primary Insurance:</b>	<b>Policy Holder Name:</b>
Company Address:	Policy Holder Date of Birth:
City, State, Zip Code:	Identification Number:
Company Phone:	Policy/Group Number:
<b>Secondary Insurance:</b>	<b>Policy Holder Name:</b>
Company Address:	Policy Holder Date of Birth:
City, State, Zip Code:	Identification Number:
Company Phone:	Policy/Group Number:

**Responsible Party is the person who will be paying the per-session fee for services  
(leave blank if same as insured)**

<b>Responsible Party:</b>	<b>Home Phone:</b>
<b>Street Address:</b>	<b>Work Phone:</b>
<b>City, State, Zip Code:</b>	<b>Mobile Phone:</b>

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Counselor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_