

Client Registration Form

Danielle C. Ellis, LPC

First Name:		Last Name:		M.I.:
Address:				
City:		State:	ZIP:	
Home Phone:			Work Phone:	
Birth Date: / /	Age:	Social Security #: - -		Sex: M F
Employer's Name:		General Practitioner's Name:		
Current Medications:				

If the client is a minor, please fill in the parent's name and work telephone numbers below.

Parent Name:	Parent Name:
Parent Work Phone:	Parent Work Phone:

Primary Insurance Company	Secondary Insurance Company
Ins. Co. Name: _____	Ins. Co. Name: _____
Ins. Address: _____ _____	Ins. Address: _____ _____
Ins. Phone #: _____	Ins. Phone #: _____
Group #: _____	Group #: _____
ID#: _____	ID#: _____
Subscriber's Name: _____	Subscriber's Name: _____
Subscriber's DOB: _____	Subscriber's DOB: _____

Who referred you to my office: <input type="checkbox"/> Doctor <input type="checkbox"/> Therapist <input type="checkbox"/> Other Name: _____	I authorize Danielle C. Ellis, LPC, to send a summary of my initial evaluation to my referring doctor or therapist. Signed: _____ Date: / /
----------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------

If the person responsible for the bill is not the client, please fill in this section:		
Person responsible for bill:		Their phone #:
Their address:		
City:	State:	ZIP:

MISSED AND CANCELED APPOINTMENTS: There will be a charge for appointments that are missed or canceled with less than 24 hours prior notice.

Client's Signature: _____ Date: / /

ASSIGNMENT AND RELEASE: I hereby authorize my insurance benefits to be paid directly to Danielle C. Ellis, LPC, and acknowledge that I am financially responsible for any unpaid balance. I also authorize the release of information needed to verify the medical necessity for my evaluation and treatment to my insurance.

Client's Signature: _____ Date: / /