

**FAMILY COUNSELING CENTER
1347 GRANT STREET
RED BLUFF, CA 96080
530-527-6702
CLIENT INFORMATION SHEET**

Client Name: _____ Phone: _____
Address: _____ City/State/Zip: _____
Birthday: _____ Social Security #: _____
Marital Status: Single Married Divorced Separated Other (Please Circle)
Employer: _____
Employer Address: _____
Person Responsible for Bill _____ Relationship: _____
Address: _____ City/State/Zip: _____
Employer: _____ Occupation: _____
Address: _____ Work Ph #: _____

SPOUSE/PARENT INFORMATION

SPOUSE: (If Applicable) _____ Social Security #: _____
(OR PARENT FOR MINOR)
Address: _____ City/State/Zip: _____
Home Ph#: _____ Date of Birth: _____
Employer: _____ Work Ph#: _____
Employer Address: _____

INSURANCE INFORMATION

Primary - Name of Insured: _____
Relationship to Insured: Self Spouse Child Other (Please Circle)
Primary Insurance Co. _____ Policy #: _____ Group # _____
Address: _____ Telephone #: _____
Secondary - Name of Insured _____
Relationship to Insured: Self Spouse Child Other (Please Circle)
Secondary Insurance Co: _____ Policy #: _____ Group #: _____
Address: _____ Telephone #: _____

ASSIGNMENT & RELEASE

I, the undersigned, certify that all above information is correct to the best of my knowledge. I assign all insurance benefits, if any, otherwise payable to me, to FAMILY SERVICE AGENCY OF TEHAMA COUNTY, for services rendered. I understand that I am financially responsible for all charges regardless of insurance coverage. I understand that my signature authorizes the release of any information and/or records necessary to my insurance company. It is understood that all accounts are due and payable at the time service is rendered. **It is further understood that if prior notice is not given for cancellation of any appointment, I will be charged for time reserved. I understand that I am responsible for any no-show charges and my insurance will not be billed.** No statements will go out to you unless you have payment due. If you want a statement, please let us know and we will get one out to you.

SIGNED: _____ DATED: _____