

**Caroline B. Gearing, MA, LMFT**

**Client Information Form**

Today's Date \_\_\_\_\_

Client's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ Age \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Social Security # \_\_\_\_\_ Single Married Domestic Partner

Occupation \_\_\_\_\_ Gender \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Education level \_\_\_\_\_ Referred by \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

May we leave messages for you at home? Yes No At work? Yes No

**Cell** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

*Partner Information (if being seen as a couple.)*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Age \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Others living in the home (name, age and relationship to client)

\_\_\_\_\_

Insurance Information:

Name of Insured \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address of Insured \_\_\_\_\_

Relationship of Client to Insured \_\_\_\_\_

Employer of Insured \_\_\_\_\_

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

Address of Insurance Company \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Insurance Identification # \_\_\_\_\_ Group # \_\_\_\_\_

Secondary Insurance Information:

Name of Insured \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address of Insured \_\_\_\_\_

Relationship of Client to Insured \_\_\_\_\_

Employer of Insured \_\_\_\_\_

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

Address of Insurance Company \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Insurance Identification # \_\_\_\_\_ Group # \_\_\_\_\_

*Patient or Authorized Person's Signature: I authorize the release of any medical or other information necessary to process a claim. I also request payment of government benefits either to myself or to the party who accepts assignment. I authorize payment of medical benefits to the provider of services.*

\_\_\_\_\_ Date \_\_\_\_\_

(Signature)

Please complete and fax this form, **and make a LARGE copy of insurance card, front and back.**  
A large copy of insurance card helps Cherry Ann, my claims person, read the small print.  
Please fax to Caroline B. Gearing, MA, LMFT at **503.622.8586.**