

# **BEVERLY STUBBLEFIELD, LPC**

## **Client Information Form**

### **Client Information**

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone Number For Contact /Reminder Texts: \_\_\_\_\_

Email For Contact /Reminder Msgs: \_\_\_\_\_

Sex: *Male* *Female* Marital Status: *Married* *Single* *Other*

Employment Status: *Employed* *Unemployed* *Student*

### **Contact Information**

#### ***Parent/Guardian***

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone Number For Contact /Reminder Texts: \_\_\_\_\_

Email For Contact /Reminder Msgs: \_\_\_\_\_

#### ***Responsible Party For Billing*    *Same as above***

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### ***Insurance Information***

Insurance Company: \_\_\_\_\_ CoPay: \_\_\_\_\_ Deductible: \_\_\_\_\_

ID Number: \_\_\_\_\_ Policy Group: \_\_\_\_\_

Employer/School: \_\_\_\_\_ Plan Name: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### **Presenting Concerns and Goals for Counseling**

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