

*Sandra Garton Breech, M. Ed.*

Licensed Professional Counselor, Registered Play Therapist

Date \_\_\_\_\_

**THANK YOU FOR CHOOSING MY OFFICE.** In order to serve you properly, I will need the following information (please print).

Client's Name \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Other: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Extension: \_\_\_\_\_ Marital Status: \_\_\_\_\_

**If minor:** Parent's Names: \_\_\_\_\_

Address (if different than child's) \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Other: \_\_\_\_\_

**IF DIVORCED, WHO HAS CUSTODY:** \_\_\_\_\_

(Bring in divorce decree)

Insured' s Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ Ext: \_\_\_\_\_

Family Physician: \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_

Whom may we thank for referring you to us? \_\_\_\_\_

Who will pay this account? \_\_\_\_\_

How will this be paid? \_\_\_\_\_

If needed, what number may we call to confirm/cancel appointments? \_\_\_\_\_

Please initial if mail should not be sent to client's address: \_\_\_\_\_

**STATEMENT OF FINANCIAL RESPONSIBILITY:** I am responsible for the charges to this account. The fact that I may be covered by insurance does not relieve my personal obligation to pay this account. I understand that I will be given all possible assistance in maintaining the current status of my account. I agree to pay this account in a timely fashion at Victoria, Victoria County, Texas.

\_\_\_\_\_  
Signature of Client, Parent, or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date