

Center for Human Development

CLIENT	SPOUSE / PARENT <i>(circle one)</i>
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Name _____
Last First M.I.

Address _____

City State Zip

Social Security # _____ Sex _____

Birth Date _____ Education Level _____

Marital Status _____ Date of Marriage _____

- 0 – Single, never married 1 – Married 2 – Divorced
 3 – Separated 4 – Remarried 5 – Widow/Widower

Home Phone _____
 May we call home? Y/N Leave message? Y/N

Cell Phone _____
 May we call cell? Y/N Leave message? Y/N

Work Phone _____
 May we call work? Y/N Leave message? Y/N

Employer _____

*Occasionally, we offer programs or information
 that we feel may benefit our clients. If you would
 like to receive these notifications, please
 provide your email address below.*

Email _____

Physician _____

Religious Preference _____

Name _____
Last First M.I.

Address _____

City State Zip

Social Security # _____ Sex _____

Birth Date _____ Education Level _____

Marital Status _____ Date of Marriage _____

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Work Phone _____
 May we call work? Y/N Leave message? Y/N

Employer _____

INSURANCE INFORMATION

(Subscriber information must be complete if different from above)

Insurance Co. _____

Insurance Co. Phone _____

Policy/ID # _____

Group/Acct # _____

Subscriber Name _____

Subscriber Address _____

Subscriber Phone _____

Subscriber Employer _____

Subscriber Birth Date _____

Subscriber S.S. # _____

FAMILY INFORMATION

Children/Siblings (if minor)	Birth date	Sex

I hereby authorize the Center for Human Development to furnish information to insurance carriers concerning my diagnosis and treatments, and I hereby assign to the above mentioned all payments for services rendered to myself or my dependents. I understand that I am responsible for any amount not covered by insurance due to deductible, co-pays and non-covered services, and/or incorrect or missing information provided by me. I will be charged a carrying charge of 1½ % per month against my account more than 90 days past due. A photocopy of this authorization and assignment shall be considered as valid as the original.

Signature _____ Date _____

(Must be 18 years old or older – failure to sign does not relieve you of your financial obligation.)