

Therapy Etc

empower . teach . connect

Client Face Sheet

Client Name:	Date of Birth:
Name of person(s) completing this form:	
Relationship(s) to client:	
Who can we thank for this referral?	

Insurance Information *If the policy holder's address is different from the client, please provide the policy holder's address on the back of this form	
Insurance Company	
Name of Policy Holder	
ID#	
Group#	
Customer Service#	
Policy Holder Date of Birth	

Personal Information		
Client Age:	Gender:	Grade:
Street Address:		
City:	State:	Zip Code:
Home Phone:		
Child's Phone:		

Parent Information		
Mother Name:		Phone:
Mother E-mail:		

Father Name:		Phone:
Father E-mail:		