CHURCHILL COUNSELING SERVICES <u>Registration Information</u>

Client Name	Date	Client Case/Social Security #				
State	Client Name		Birth I	Date	Age	
State	Sex M F	Marital Status	Ethnicity (ontional)			
City State Zip County Phone: OK to call? Email Address: Occupation Employer Guardian/Conservator/Personal Rep (Name & Relationship) Address Phone: Name of Person Responsible for Payment Address Phone: Home Other Who may we contact in case of an emergency? Relationship to client Phone: Home Other Address Referred by May we contact the person who referred you to CCS? Yes No Mailed PRIMARY INSURANCE Name of Insured Birth Date Address Phone: Home Work SocSec # Relationship to client Insured's Employer Phone Employer Address City State Zip Policy/Certif/ID# Group # SECONDARY INSURANCE Name of Insured Birth Date Address Phone: Home State Zip Policy/Certif/ID# Group # SECONDARY INSURANCE Name of Insured Birth Date Address City State Zip Phone: Home Home Phone Address City State Zip Policy/Certif/ID# Group # SECONDARY INSURANCE Name of Insured Birth Date Address Phone: Home Work SocSec # Relationship to Client Insurance Company Name Phone Address City State Zip Phone Employer Address City State Zip Insurance Company Name Phone Address City State Zip Insurance Company Name Phone Employer Address City State Zip Insurance Company Name Phone Employer Address City State Zip Insurance Company Name Phone Employer Address City State Zip	Address			(°P*****)		
Occupation Employer Guardian/Conservator/Personal Rep (Name & Relationship) Address Phone Phone Name of Person Responsible for Payment Address Phone: Home Other Who may we contact in case of an emergency? Relationship to client Phone: Home Other Address Referred by May we contact the person who referred you to CCS? Yes No Mailed PRIMARY INSURANCE Name of Insured Birth Date Address Phone: Home Work SocSec # Relationship to client Insured's Employer Phone Employer Address City State Zip Policy/Certif/ID# Group # SECONDARY INSURANCE Name of Insured Birth Date Address Phone: Home Phone Address City State Zip Policy/Certif/ID# Group # SECONDARY INSURANCE Name of Insured Birth Date Address Phone: Home Work SocSec # Relationship to Client Insured's Employer Address City State Zip Policy/Certif/ID# Group # SECONDARY INSURANCE Name of Insured Birth Date Address Phone: Home Work SocSec # Relationship to Client Insurance Company Name Address City State Zip Insurance Company Name Phone Address City State Zip	City	State	Zip	County		
Occupation Employer Guardian/Conservator/Personal Rep (Name & Relationship) Address Phone Phone Name of Person Responsible for Payment Address Phone: Home Other Who may we contact in case of an emergency? Relationship to client Phone: Home Other Address Referred by May we contact the person who referred you to CCS? Yes No Mailed PRIMARY INSURANCE Name of Insured Birth Date Address Phone: Home Work SocSec # Relationship to client Insured's Employer Phone Employer Address City State Zip Policy/Certif/ID# Group # SECONDARY INSURANCE Name of Insured Birth Date Address Phone: Home Phone Address City State Zip Policy/Certif/ID# Group # SECONDARY INSURANCE Name of Insured Birth Date Address Phone: Home Work SocSec # Relationship to Client Insured's Employer Address City State Zip Policy/Certif/ID# Group # SECONDARY INSURANCE Name of Insured Birth Date Address Phone: Home Work SocSec # Relationship to Client Insurance Company Name Address City State Zip Insurance Company Name Phone Address City State Zip	Phone:	OK to call?	Email Address	 :		
Name of Person Responsible for Payment	Occupation		Employer			
Name of Person Responsible for Payment Address Phone: Home Other Who may we contact in case of an emergency? Relationship to client Phone: Home Other Address Referred by May we contact the person who referred you to CCS? Yes No Mailed PRIMARY INSURANCE Name of Insured Birth Date Address Phone: Home Work SocSec # Relationship to client Insured's Employer Phone Employer Address City State Zip Policy/Certif/ID# Group # SECONDARY INSURANCE Name of Insured Birth Date Address Phone Employer Address City State Zip Policy/Certif/ID# Group # SECONDARY INSURANCE Name of Insured Birth Date Address City State Zip Policy/Certif/ID# Group # SECONDARY INSURANCE Name of Insured Birth Date Address Phone: Home SocSec # Relationship to Client Insurance Company Name Address Phone: Home SocSec # Relationship to Client Insurance Company Name Phone Employer Address Phone: Home SocSec # Relationship to Client Insurance Company Name Phone Employer Address City State Zip Insurance Company Name Phone Phone Employer Address City State Zip Insurance Company Name Phone Ph	Guardian/Conserva	tor/Personal Rep (Nam	ne & Relationship)			
Address Phone: Home Other Who may we contact in case of an emergency? Relationship to client Phone: Home Other Address Referred by May we contact the person who referred you to CCS? Yes No Mailed PRIMARY INSURANCE Name of Insured Birth Date Address Phone: Home Work SocSec # Relationship to client Insured's Employer Phone Employer Address City State Zip Insurance Company Name Phone Address Phone: Home Group # SECONDARY INSURANCE Name of Insured Birth Date Address Phone: Group # SECONDARY INSURANCE Name of Insured Birth Date Address Phone: Home Work SocSec # Relationship to Client Insured's Employer Phone SECONDARY INSURANCE Name of Insured Birth Date Address Phone: Home Work SocSec # Relationship to Client Insured's Employer Phone Employer Address City State Zip Insurance Company Name Phone Address City State Zip	Address		1/	Phone	e	
Who may we contact in case of an emergency? Relationship to client	Name of Person Res	ponsible for Payment				
Who may we contact in case of an emergency? Relationship to client	Phone: Home	Other				
Relationship to client Phone: Home Other Address No Mailed PRIMARY INSURANCE Birth Date Address Relationship to client						
Referred by	Who may we contac	t in case of an emerge	ency?	TT	041	
May we contact the person who referred you to CCS? Yes No Mailed PRIMARY INSURANCE Name of Insured Birth Date Address Phone: Home Work SocSec # Relationship to client Insured's Employer Phone Employer Address City State Zip Insurance Company Name Phone Address City Group # SECONDARY INSURANCE Name of Insured Birth Date Address Phone: Home Work SocSec # Relationship to Client Insured's Employer Address City State Zip Phone Birth Date Address Phone: Home Work SocSec # Relationship to Client Insured's Employer Phone Employer Address City State Zip Insurance Company Name Phone Employer Address City State Zip Insurance Company Name Phone Address City State Zip Insurance Company Name Phone Address City State Zip	Kelationship to client		Phone:	Home	Other	
May we contact the person who referred you to CCS? YesNoMailed	Address					
May we contact the person who referred you to CCS? YesNoMailed	Referred by					
PRIMARY INSURANCE Name of Insured Birth Date Address Phone: Home Work SocSec # Relationship to client Insured's Employer Phone Employer Address City State Zip Insurance Company Name Phone Address City State Zip Policy/Certif/ID# Group # SECONDARY INSURANCE Name of Insured Birth Date Address Phone: Home Work SocSec # Relationship to Client Insured's Employer Phone Employer Address City State Zip Plone Address Phone Phone Employer Address City State Zip Insurance Company Name Phone Employer Address City State Zip Insurance Company Name Phone Address City State Zip	May we contact the n	erson who referred voi	i to CCS? Yes	No	Mailed	
Name of Insured	rang we consider me p	order wire reserved year				
Address Phone: Home	PRIMARY INSURA	ANCE				
Prone: Home	Name of Insured		Birth Date			
Prone: Home	Address					
Insured's Employer	Phone: Home	Work_				
Employer Address City State Zip Insurance Company Name Phone Address City State Zip Policy/Certif/ID# Group # SECONDARY INSURANCE Name of Insured Birth Date Address Phone: Home Work SocSec # Relationship to Client Insured's Employer Phone Employer Address City State Zip Insurance Company Name Phone Address Address City State Zip Insurance Company Name Phone Address City State Zip	SocSec #	Relatio	onship to client			
Employer Address City State Zip Insurance Company Name Phone Address City State Zip Policy/Certif/ID# Group # SECONDARY INSURANCE Name of Insured Birth Date Address Phone: Home Work SocSec # Relationship to Client Insured's Employer Phone Employer Address City State Zip Insurance Company Name Phone Address Address City State Zip Insurance Company Name Phone Address City State Zip	Insured's Employer					
Insurance Company Name	Pnone					
Address City State Zip Policy/Certif/ID# Group # SECONDARY INSURANCE Name of Insured Birth Date Address Phone: Home Work SocSec # Relationship to Client Insured's Employer Phone Employer Address City State Zip Insurance Company Name Phone Address City State Zip						
Policy/Certif/ID# Group # SECONDARY INSURANCE Name of Insured Birth Date Address Phone: Home Work SocSec # Relationship to Client Insured's Employer Phone Employer Address City State Zip Insurance Company Name Phone Address City State Zip	Insurance Company I	Name		Phone		
SECONDARY INSURANCE Name of Insured Birth Date Address Phone: Home Work SocSec # Relationship to Client Insured's Employer Phone Employer Address City State Zip Insurance Company Name Phone Address City State Zip	Address		City	State	Zip	
Name of Insured Birth Date Address Phone: Home Work SocSec # Relationship to Client Insured's Employer Phone Employer Address City State Zip Insurance Company Name Phone Address City State Zip	Policy/Certif/ID#		Grou	ıp #		
Address Phone: Home Work SocSec # Relationship to Client Insured's Employer Phone Employer Address City State Zip Insurance Company Name Phone Address City State Zip	SECONDARY INSI	<u>URANCE</u>				
Address Phone: Home Work SocSec # Relationship to Client Insured's Employer Phone Employer Address City State Zip Insurance Company Name Phone Address City State Zip	Name of Insured		Birth Date			
Phone: Home Work SocSec # Relationship to Client Insured's Employer Ocity State Zip Insurance Company Name Phone Address City State Zip City State Zip State Zip				· • • • • • • • • • • • • • • • • • • •		
SocSec # Relationship to Client Insured's Employer Phone Employer Address City State Zip Insurance Company Name Phone Address City State Zip		Work				
Insured's EmployerPhoneEmployer AddressCityStateZipInsurance Company NamePhoneAddressCityStateZip	SocSec #	Relatio	onship to Client			
Insurance Company Name Phone	Insured's Employer		<u>r</u>	Phone		
Insurance Company Name Phone	Employer Address		City	State		
Address City State Zip	Insurance Company	Vame		State Phone		
Policy/Certif/ID# Group #	A 11		City	State		
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For Office Use Only: CoPay/Self Pay_____