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MFC #36964

CLIENT INFORMATION FORM

Client Name: _____ First Appointment Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Permission to send mail to above address? YES NO Gender: MALE FEMALE

Cell Phone: _____ Date of Birth: _____

Home Phone: _____ Permission to Call? YES NO Leave Message? YES NO

Work Phone: _____ Permission to Call? YES NO Leave Message? YES NO

Email (Parent or Guardian if Client is a minor): _____

What concerns brought you here?

What do you want to see happen as a result of coming here?

Primary Insurance: _____ **Subscriber ID:** _____

Primary Insured: _____ Relationship to Client: _____

Date of Birth: _____

Address (if different from Client): _____

Secondary Insurance: _____ **Subscriber ID:** _____

Primary Insured: _____ Relationship to Client: _____

Date of Birth: _____

Address (if different from Client): _____

Acknowledgement of Receipt of Notice of Privacy Practices

By signing below, I hereby acknowledge receipt of the Notice of Privacy Practices.

Signature of Client (Parent or Guardian if Client is a minor)

Date