

Guadalupe Valley Christian Counseling Center Client Intake Information

<u>NAME OF CLIENT:</u> Last: First: M.I.		<u>BIRTHDATE</u>	<u>AGE</u>	<u>SOCIAL SECURITY NUMBER:</u>	
<u>ADDRESS:</u>		<u>CITY:</u>	<u>STATE:</u>	<u>ZIP:</u>	<u>RACE:</u>
<u>GENDER:</u>	<u>HOME PHONE:</u>				
<u>WORK PHONE:</u> ()	<u>CELL PHONE:</u> ()	<u>OCCUPATION:</u>		<u>MARITAL STATUS:</u>	
<u>EMPLOYER:</u>				Single Married Divorced Widowed Seperated (Circle One)	
<u>GUARANTOR (Person Financially Responsible for the Client):</u> Last: First: M.I.			<u>S.S. NUMBER:</u>		
<u>BIRTHDATE:</u>	<u>AGE:</u>	<u>GENDER:</u>	<u>RELATIONSHIP TO CLIENT:</u>		<u>HOW DID YOU HEAR ABOUT US?</u>
<u>OCCUPATION:</u>		<u>EMPLOYER:</u>			
<u>PRIMARY INSURANCE COMPANY:</u>			<u>MEMBER NUMBER:</u>		<u>GROUP NAME/NUMBER:</u>
NOTE: GVCCC ONLY FILES TO PRIMARY INSURANCE. INDIVIDUALS WITH SECONDARY INUSRANCE MUST FILE THEIR OWN CLAIMS FOR REIMBURSEMENT. CLIENTS ARE RESPONSIBLE FOR ANY DEDUCTIBLES, COPAYS, AND COINSURANCE APPLICABLE TO PRIMARY COVERAGE					
<u>OTHER FAMILY MEMBERS LIVING AT HOME:</u>					
<u>Name:</u>	<u>Age/Birthdate:</u>	<u>Grade/Occupation:</u>		<u>Relationship to Client:</u>	
1					
2					
3					
4					
5					
6					
<u>IN CASE OF EMERGENCY, CONTACT:</u>			<u>PHONE NUMBER:</u>		<u>RELATIONSHIP:</u>
<u>PRESENTING PROBLEM (State in your own words reasons for requesting our assistance):</u>					
<u>HOUSEHOLD GROSS INCOME (BEFORE TAXES):</u>				<u>DATE COMPLETED:</u>	
\$ _____ () Annual () Monthly () Weekly					
<u>SIGNATURE OF PERSON COMPLETING FORM:</u>			<u>PRINTED NAME:</u>		