CLIENT INFORMATION

Please Print Legibly or Type Date: ____________________

Client's Name: Last______________________________ First______________________________
Client's Date of Birth: ____________________________ Sex: M________ F________
Client's SSN: ______-_____-_____ *If client is a minor, name & relationship of responsible party:

Guardian's Name: Last_________________________ First__________________________ M.I._____
Relationship to Client: _________________________ Single______ Married______ Divorce______

Street Address (No P.O. Boxes) ____
City_______________________________ State_____________________ Zip__________________

Home Phone ( ) _________________________ Cell Phone ( ) __________________________
Work Phone ( ) _______________________ E-mail address: ______________________________
May we call to confirm appointments? Yes___ No____ Emergency Phone ( ) _______________

Primary Insurance Carrier ______________________________ Policy/Group # _______________
Insured's Name: ______________________________________ Insured's Birth date: _____________
Insured's ID/SSN: ______-_____-_____ Insured's Employer: ______________________________

Secondary Insurance Carrier ____________________________ Policy/Group # ________________
Insured's Name: ______________________________________ Insured's Birth date: _____________

Who referred you to our office? ____

I request that payment of authorized third party benefits be made on my behalf to the appropriate doctor or therapist at Standard of Care Psychological Services, LLC for any services furnished to me. I understand my signature also authorizes release of any information contained in my records to any relevant insurer, or to its assignees, necessary to pay a particular claim. By my signature I acknowledge that I am ultimately responsible for payment of all fees in the event that payment is not received by a third party for any reason.

____ ________________________________
Signature of Client or Responsible Party Date

3915 Cascade Road, Suite T-90, Atlanta, Georgia 30331
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