

CLIENT'S EMPLOYER NAME _____

CLIENT'S OCCUPATION _____

CLIENT'S MARITAL STATUS _____

NAME OF CLIENT'S SPOUSE/PARTNER/SIGNIFICANT OTHER: _____

CLIENT'S PREFERRED LANGUAGE: _____

INSURANCE INFORMATION (required if insurance is being used)

PRIMARY INSURANCE COMPANY NAME _____

MEMBER ID NUMBER AS IT APPEARS ON INSURANCE CARD _____

NAME OF POLICYHOLDER _____

POLICYHOLDER'S RELATIONSHIP TO CLIENT _____ POLICYHOLDER'S DATE OF BIRTH _____

(IF APPLICABLE)

SECONDARY INSURANCE COMPANY NAME _____

MEMBER ID NUMBER AS IT APPEARS ON INSURANCE CARD _____

NAME OF POLICYHOLDER _____

POLICYHOLDER'S RELATIONSHIP TO CLIENT _____ POLICYHOLDER'S DATE OF BIRTH _____

MEANINGFUL USE DATA

Because our practice accepts Medicaid, we are required to ask all clients the following questions. You may select "Prefer not to say" as your answer if you wish.

Do you consider yourself Hispanic/Latino? YES _____ NO _____ PREFER NOT TO SAY _____

Which category best describes your race? (Check all that apply. You may select "Decline to answer" as your response if you wish.)

- ___ White ___ American Indian/Alaska Native ___ Asian ___ Black or African American
- ___ Native Hawaiian/Other Pacific Islander ___ Middle Eastern ___ Other ___ Decline to answer

By signing below, I confirm that the information I have provided on this form is, to the best of my knowledge, true and accurate as of today's date. In the event of a change in any information or permissions I have provided above, I agree to make the staff of Quarternote Counseling aware of said changes immediately so that my information may be updated within my official record.

*Name of Client (print): _____

(For minor clients only) Name of client's parent/legal guardian (print): _____

(For minor clients only) Relationship of parent/legal guardian to client: _____

*Signature of Client/Parent/Legal Guardian: _____

*Date: _____