

Debbie Reed, L.M.F.T.

Licensed Marriage and Family Therapist

28494 Westinghouse Place, STE 201

Valencia, CA 91355

Telephone: (661) 287-4243

ADULT CLIENT INFORMATION

YOUR NAME	DOB	SEX	AGE	MARITAL STATUS
HOME ADDRESS	CITY		STATE	ZIP
HOME PHONE #	WORK PHONE #		CELL PHONE #	
DL #	EDUCATION LEVEL		E-MAIL ADDRESS	
EMPLOYER	OCCUPATION		LENGTH OF EMPLOYMENT	
EMPLOYER'S ADDRESS	CITY		STATE	ZIP

NAME OF SPOUSE/PARTNER	DOB	SEX	AGE	MARITAL STATUS
HOME ADDRESS	CITY		STATE	ZIP
HOME PHONE #	WORK PHONE #		CELL PHONE #	
DL #	EDUCATION LEVEL		E-MAIL ADDRESS	
EMPLOYER	OCCUPATION		LENGTH OF EMPLOYMENT	
EMPLOYER'S ADDRESS	CITY		STATE	ZIP

OTHER MEMBERS OF IMMEDIATE FAMILY		
NAME	AGE	RELATIONSHIP TO CLIENT
_____	_____	_____
_____	_____	_____
_____	_____	_____

PRIMARY INSURANCE CO.	INS. PHONE #	POLICY #	GROUP #
ADDRESS	CITY	STATE	ZIP
PRIMARY INSURED'S NAME	PRIMARY INSURED'S EMPLOYER		
PRIMARY INSURED'S SOCIAL SECURITY #		PRIMARY INSURED'S DATE OF BIRTH	

ADULT CLIENT INFORMATION (P.2)

SECONDARY INSURANCE CO.	INS. PHONE #	POLICY #	GROUP #
ADDRESS	CITY	STATE	ZIP
SECONDARY INSURED'S NAME	SECONDARY INSURED'S EMPLOYER		
SECONDARY INSURED'S SOCIAL SECURITY #	SECONDARY INSURED'S DATE OF BIRTH		

DO YOU PLAN TO SEEK REIMBURSEMENT FROM YOUR INSURANCE COMPANY FOR OUR SESSIONS? <i>CIRCLE YOUR ANSWER BELOW:</i>
YES <i>(YOU WILL BE PROVIDED WITH A MONTHLY RECEIPT THAT YOU CAN PERSONALLY SUBMIT TO YOUR INSURANCE COMPANY)</i>
NO <i>(A MONTHLY RECEIPT WILL ONLY BE PROVIDED UPON REQUEST)</i>

REFERRED BY	CAN I SEND THIS PERSON A THANK YOU NOTE?
CONTACT IN EMERGENCY	RELATIONSHIP
	PHONE #