

**Exeter Counseling Center, PLLC
Registration Form**

Date _____

Client's Name _____

DOB _____

Address _____

Phone (h) _____

Phone (c) _____

E-Mail _____

Relationship status: Single Married Partnered Separated Divorced Widowed

Others at Home: Name Age Relationship

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Occupation _____ Employer _____

Emergency Contact _____ Phone _____

Primary Physician _____ Phone _____

Date of Last Physical _____ Relevant Medical Issues _____

Current concerns or symptoms prompting treatment _____

Whom may we thank for referring you? _____

Primary Insurance

Name of company _____ Subscriber _____

Address _____ Subscriber SS# _____

_____ Subscriber.s DOB _____

Insurer's telephone # _____ Employer _____

ID/Certificate # _____ Group # _____

Please provide this information for any secondary insurance carriers on the back of this form

EXETER COUNSELING CENTER
CLIENT INFORMATION AND SERVICE AGREEMENT

Your signature below indicates that you have read the CLIENT INFORMATION AND SERVICE AGREEMENT and the HIPAA PRIVACY NOTICE – both of which are available on our website and at our offices – and that you agree to all terms specified in these documents including charges for missed appointments and late cancellations. It also authorizes Exeter Counseling Center to bill your insurance company to obtain benefit payments and to release any clinical information needed in order to authorize treatment.

Client (Or Parent/Guardian) Signature

Date

CONSENT FOR TREATMENT OF A MINOR CHILD (IF APPLICABLE)

Your signature below indicates that you consent and provide authorization for Exeter Counseling Center to provide treatment to your minor child.

Child's Name (printed)

Parent or Guardian Signature

Date