

Jessica Acker LPC INC
12321 Tierra Humeda
El Paso TX, 79938
915-691-7130 Text or Call
No e-mails Please

CLIENT INFORMATION: CHECK ONE: _____ Male _____ Female

Client: _____ Age: _____ Date of Birth: ____/____/____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone:(____) _____ Business:(____) _____ Other:(____) _____

Marital Status: _____ Employer: _____

Address: _____

Occupation: _____ Social Security #: _____ - _____ - _____

Please Circle One: Spouse Parent Guardian Other

RESPONSIBLE PARTY OTHER THAN SELF:

Name: _____ Date of Birth: ____/____/____

Home Phone:(____) _____ Business:(____) _____ Employer: _____

Occupation: _____ Social Security #: _____ - _____ - _____

WHOM SHALL WE THANK FOR YOUR REFERRAL? _____

Nearest relative not living with you: _____ Relationship: _____

Address: _____ Phone: (____) _____

BRIEFLY STATE YOUR REASON FOR COUNSELING: P

INSURANCE INFORMATION:

Name of policyholder: _____ Date of Birth: ____/____/____

Tricare: please circle. Prime. Standard. . Extra. Sponsor is : active. Retired. Deceased.

Tricare sponsor social _____

Insurance Company: _____ Group Number: _____

Member ID#: _____ Insurance contact number: (____) _____

NOTE:

By signing this form I am authorizing Jessica Ackor LPC and staff to release information necessary to process to the medical insurance company

Client/Signature/Parent/Guardian

Date

