

Don Barry Counseling Services
Client Registration Form

Today's Date:

Name:

Email address:

Home address:

Preferred Phone # (Please indicate Home, Mobile, Work)

Employer/Occupation:

Number of months, years with employer:

Marital Status:

With whom does client reside? (Please provide names, ages and relationships):

Family members living outside the home?

Don Barry Counseling Services

Client Registration Form

Insurance/E.A.P Information:

Name of Carrier:

Name of Primary Insurer Holder:

Date of Birth: _____

Policy #: _____ Group#: _____

Secondary Coverage:

Authorization Number(s):

Briefly state reason for seeking services (please use back page if necessary):

Current Medications/ Dosages/ Frequency:

Don Barry Counseling Services

Client Registration Form

Significant Health Concerns at present or in the past (please use back page if necessary):

Referred to Don Barry Counseling Services by:

Cancellation Policy:

Unless cancelled at least 24 hours in advance, our policy is to charge for missed appointments at the rate of \$40. Please help us serve you better by keeping scheduled appointments. Thank you so much, we look forward to meeting you!

Use the Back Page
(For any additional information)