RAUSER COUNSELING, LLC CLIENT REGISTRATION

Name of client:	Gender:	Date	of Birth:/	
Client's Social Security Number:				
Parent/Legal Guardian:	Rela	Relationship:		
Parent/Legal Guardian Social Se	ecurity Number:			
Phone number:	_ Voicemails ok? ☐ Yes	☐ No	Ok to text \square Yes \square No	
Email (needed for secure client p	oortal):			
Client's Primary address:				
Street	City	State	Zip Code	
Is it ok to send mail to the above	address? Yes No			
If no, please provide a safe mailing	ng address:			
Street	City	State	Zip Code	
	INSURANCE INFORMA	<u>TION</u>		
Name of Primary Insurance Carr	ier:			
Name of Policy Holder:	Date of Bir	th:		
Relationship to Patient:				
Subscriber #:	Group #:			
Name of <u>Secondary</u> Insurance C	arrier:			
Subscriber #:	Group #:			
	EMERGENCY CONTA	CT		
Emergency Contact:	Relationship: _		Phone:	
	REFERRAL SOURC	<u>E</u>		
How were you referred to Rauser C	ounseling?			
Client's or Legal Guardian's Signature process an insurance claim, and aure provider or supplier of such services release necessary information in the	thorize payment of medical bene s. I authorize permission to utilize	efits for serve the emerg	rices rendered to the undersigned	
Signature:		Date:		