



Alicia Gerber, LMHC LLC

Client Registration Information

Please complete this information:

Client Name: _____ Gender: _____

Nickname (if any): _____ Marital Status: Married Single Other _____

Birth Date: _____ Level of Education Completed: _____

Employment: Employed Student Unemployed Employer/School _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Cell Home Work Email: _____

Secondary Phone: _____ Cell Home Work

Spouse/Partner Name: _____ Birth Date: _____

Name/Location of Client's Prescriber: _____

Complete if client is a minor:

Caregiver's Name: _____ Birth Date: _____

Caregiver's Name: _____ Birth Date: _____

Caregiver's Name: _____ Birth Date: _____

Caregiver's Name: _____ Birth Date: _____

Additional Information: (court orders, DHS information, etc)



Alicia Gerber, LMHC LLC

How did you hear about Guiding Light Christian Counseling?

Internet Family/friend Provider (who?) _____

Other: _____

Primary Insurance Information

Insurance Type: _____ Relationship to Insured: _____

Insured's ID Number: _____

Insured's Policy Group: _____

Insured's Employer/School: _____

Insured's Plan Name: _____

Effective Date: _____

Copay amount: _____

Deductible amount: _____

Responsible Party for Billing: _____

Secondary Insurance Information

Insurance Type: _____ Relationship to Insured: _____

Insured's ID Number: _____

Insured's Policy Group: _____

Insured's Employer/School: _____

Insured's Plan Name: _____

Effective Date: _____

Copay amount: _____

Deductible amount: _____

Responsible Party for Billing: _____