



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: \_\_\_\_\_