A Center for Change and Growth

Laurel Van Ham, Ph.D., Licensed Psychologist 4150 South Street Lincoln, Nebraska 68506-1152 402-483-1641

CLIENT REGISTRATION

Client name _____ Chart number_____

Address_____ Cell phone _____
(street)

_____ Home phone _____
(city) (state) (zip)

Birth date_____ Age_____ Gender_____ Work phone _____

Employer or school_____ Occupation or grade/major_____

Employer/school address_____

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Financial responsibility: If you intend to use insurance, this should be the policy holder. Bring your insurance cards with you, and call the number on the back of your card before your first session to confirm co-pay / pre-authorization.

Name_____ □ Self □ Spouse □ Parent □ Other_____

Address_____

Birth date_____ Age_____ Gender_____ Insurance Member Number_____

Insurance plan _____Co-pay _____ Authorization number _____

Employer/school address_____

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In case of emergency:

Person to contact _____ Relationship to client_____

Address_____ Home phone_____

_____ Work phone_____

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As appropriate, information about another person(s): □ Spouse □ Partner □ Custodial Parent(s) □ Foster Parent(s)

Name(s) _____ □ Legal Guardian □ Other _____

Address_____ Home phone _____

_____ Work phone _____

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Consent and payment authorization:

I hereby authorize the release of any medical information necessary to process insurance claims.
I also accept full responsibility for payment of services rendered by A Center for Change and Growth.

Signature:_____ Date_____

□ Client □ Parent (of dependent child) □ Legal Guardian Rev. 17.10