

**Erika Russina, MA, LPC, NCC
930 Kehrs Mill Rd., STE 325-8
Ballwin, MO 63011**

CLIENT REGISTRATION FORM

Today's Date:	Primary Care Physician:
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CLIENT INFORMATION

Client's last name:		First:	Middle:	Mr. Mrs.	Miss Ms.	Marital status: Partner Other					
						Single	Mar	Div	Sep	Wid	
Is this your legal name? Yes No	If not, what is your legal name?		(Former name):			Birth date:		Age:	Gender: M F		
Street address:				Social Security no.:			Home phone no.: ()				
City:		State:			Zip:			Cell phone: ()			
Occupation:		Employer:				Employer phone no.: ()					
Referred by (Insurance, Dr., friend, etc.):				Is this an EAP?				Auth #:			
Email address (if you would like email appointment reminders):											

INSURANCE INFORMATION

(Please bring your insurance card with you to your appointment. Co-payments are due at the time of your session.)

Person responsible for bill:		Birth date:	Address (if different):				Home phone no.: ()				
Occupation:	Employer:	Employer address:				Employer phone no.: ()					
Is this person covered by insurance? Yes No											
Please indicate primary insurance		BCBS		Aetna		United Healthcare		Cigna		Beacon	
Private Pay		Mercy		MHNet		Magellan		Other			
Subscriber's name:		Subscriber's S.S. no.:		Birth date:		Insurance ID:		Group #:		Co-payment: \$	
Client's relationship to subscriber:		Self		Spouse		Child		Other			
Name of secondary insurance (if applicable):			Subscriber's name:				Group no.:		ID no.:		

IN CASE OF EMERGENCY

Name of local friend or relative:			Relationship to client:		Home phone no.: ()		Work phone no.: ()	
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The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the provider. I understand that I am financially responsible for any balance. I also authorize my provider or insurance company to release/obtain any information required to process my claims. I understand that my health information will be treated as confidential and will not be disclosed for purposes other than processing claims.

Client/Guardian signature:

Date: