## Tammy Powell, PCC, LLC CLIENT REGISTRATION & CONTACT INFORMATION

Today's Date:		
First Address:	Middle	Last
Tradición .	Street	
City	State	Zip
Home Phone:	Cell Phone:	
I prefer to be contacted at (check all that a	apply, and number by preference): Home	e Cell
Date of Birth:	Age:	
Social Security Number (SSN is used for	insurance claim purposes):	
If Client is a child, please list parent/guar Name:Address & Phone Number if different fro	Relationship to 0	Child:
Emergency Contact Information (If a p Name:Address:	Relationship to 0	Client:
Home Phone:	Cell Phone:	
Employer (if applicable):		
Insurance Carrier:		
Insurance Phone Number:		
Insurance Policy Number:		
Insurance Group Policy Number:		
Policy Holder's Name:	<del>_</del>	
Policy Holder's Date of Birth:		
Policy Holder's Social Security Number	(SSN is used for insurance claim purpose	es):
For your benefit, please call your insurance	ce company to determine the outpatient i	mental health coverage available to you.
I authorize the release of any information I authorize payment of insurance benefits I understand and agree that I am responsit covered by insurance.	s directly to the provider for services rend	lered.