

CLIENT INFORMATION FORM

**Kinsie M. Tate LPC, LLC
1401 NW 150th Street
Edmond, OK 73013
405-642-7860
kinsie@kinsietate.com**

Name: _____ Date: _____

If you have health insurance:

Subscriber/Member Name: _____ Subscriber/Member DOB: _____

Name of company: _____

Policy Number: _____ Group number: _____

Behavioral Health Benefits Telephone Number: _____

Identification

Client name: _____ Date of birth: _____ Age: _____

Client Home address: _____

City: _____ State: _____ Zip: _____

Guardian Name and Address if different than above: _____

Client phone: _____ Guardian Phone: _____

Email address: _____

Preferred form of Communication:

I consent to be contacted via (*please circle all that apply*): text phone email

I prefer to be contacted about appointments via (*please circle one*): text phone email

I consent to receive invoices via (*please circle all that apply*): email mail