



CLIENT REGISTRATION

This information is for internal use only. **Please print clearly** and provide all requested information on both pages. If you have questions or concerns regarding this form, please feel free to discuss them with your counselor at 314-324-9426.

I. CLIENT INFORMATION

Name _____

Date of birth _____ Age _____ Sex _____

Address _____

City _____ State _____ Zip _____

Home phone () _____ Work phone () _____ Cell () _____

E-mail _____

Employer _____ Position _____

How long employed? _____

Marital status: single _____ married _____ divorced _____ separated _____ widowed _____

How long? _____

Church you attend _____ Are you a member? _____

Pastor's name _____ Denomination _____

Nearest relative not living with you:

_____ () _____

Name Relationship Telephone

II. RESPONSIBLE FAMILY MEMBER INFORMATION (if client is a minor)

Name _____

Date of birth _____ Age _____ Sex _____

Address _____

City _____ State _____ Zip _____

Home phone: () _____ Work phone: () _____ Cell: () _____

E-mail _____

Employer _____ Position _____

How long employed? _____

Marital status: single _____ married _____ divorced _____ separated _____ widowed _____

How long? _____

Church you attend _____ Are you a member? _____

Pastor's name _____ Denomination _____

Nearest relative not living with you:

_____ () _____

Name Relationship Telephone

III. PAYMENT INFORMATION

I understand that I am responsible for full payment of all fees and that payment is expected at the conclusion of each counseling session. Payments will be given directly to the Jordan’s Bridge counselor working with me.

I understand that appointment cancellations must be made 24 hours prior to my scheduled counseling session. Appointments not cancelled 24 hours in advance may result in being charged the full rate. Please initial here: _____

If any portion of my fees will be paid by another party, I am responsible for full payment until the following steps have been completed (check all options that apply):

- A. I am applying for financial assistance from my church:
I will return a completed **Third-Party Guarantee of Payment Form** to the Jordan’s Bridge counselor working with me, 7 days prior to the first applicable session.
- B. I am applying for a discounted fee:
I will return a completed **Application for Scholarship Funds** to the Jordan’s Bridge counselor working with me, 7 days prior to the first applicable session.
- C. I am applying for reimbursement from my insurance company:
I will pay all fees for services rendered. I will notify the Jordan’s Bridge counselor working with me if I need any information so that I can request reimbursement directly from my insurance company.

IV. DATA MANAGEMENT INFORMATION

I understand the information on this **Client Registration Form** will be entered into an internal computerized database and will be held in the strictest confidence.

Check here if you do *not* wish to receive mailings from Jordan’s Bridge Christian Counseling: _____

Check here if you do *not* wish to receive telephone calls at home from your counselor: _____

Referred by: Pastor/Church _____ Friend _____ Family _____ Yellow Pages _____ Other: _____

Signature of Client _____
Date

Signature of Responsible Family Member _____
Date

V. JORDAN’S BRIDGE CHRISTIAN COUNSELING USE ONLY

Service Fee: \$ _____ Hour/Session Client # _____

Signature: _____