

AFFINITY COUNSELING LLC

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INTAKE INFORMATION OF CLIENT

Name of client: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Home phone: _____

Cell phone: _____

Work phone: _____

DOB: _____

Social Security Number: _____

E-mail: _____

Emergency contact: _____ cell phone: _____

Relationship: _____

INSURANCE INFORMATION

Name of policy holder: _____

Relationship to client: _____

Social Security number of policy holder: _____

DOB of policy holder: _____

Insurance name: _____

ID or Member Number: _____

Policy holder place of employment: _____

Policy holder home address: _____

Insurance phone number: _____