

Psychotherapy Associates of Chicago PC

Client Registration Information

Name of Client

Date of Birth

Address

City

ZIP Code

Home Phone

Cell Phone

Work Phone

Email Address

SS#

How did you hear about us? (Please circle):

Friend/Family

Google

Yelp

Physician/Therapist

Insurance Company

Insurance Information(if applicable)

Name of Insured (*if different than above*)

Insured's Date of Birth

Name of Insurance Plan

Name of Employer

Identification Number of Insured

Group/Policy Number

Relation to the Insured

Insurance Phone Number (*on back of card*)