

Marel Grunt

1138 Ballena Boulevard, Suite A2

Alameda, CA 94501

Phone: (510)703-9415

NEW CLIENT REGISTRATION

Last Name: _____ First Name: _____ MI: _____
Address: _____ Unit No: _____
City: _____ State: _____ Zip: _____ Marital Status: M/S/D/W
Birth Date: _____ Gender: _____ M/F
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Employer Name: _____ Address: _____
Primary Doctor: _____ Referred By: _____

RESPONSIBLE PARTY:

Last Name: _____ First Name: _____ MI: _____
Address: _____ Unit No: _____
City: _____ State: _____ Zip: _____ Relationship to Client: _____
Birth Date: _____ Gender: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Employer Name: _____ Address: _____

EMERGENCY CONTACT:

Full Name: _____ Relationship: _____
Telephone: _____

INSURANCE INFORMATION:

Primary Insurance: _____ Secondary Insurance: _____
Address: _____ Address: _____
City/State/Zip: _____ City/State/Zip: _____
Telephone: _____ Telephone: _____
Insurance ID: _____ Insurance ID: _____
Group#: _____ Group#: _____
Policy Owner Name: _____ Policy Owner Name: _____
DOB: _____ Relationship: _____ DOB: _____ Relationship: _____

AUTHORIZATION TO RELEASE INFORMATION AND ASSIGNMENT OF MEDICAL BENEFITS:

I hereby authorize Marel Grunt, LMFT to treat the above named client. I authorize the release of medical information necessary to secure payment from insurance(s) or third parties. I authorize payment of medical benefits to be paid directly to Marel Grunt, LMFT. I understand that I am financially responsible for any amounts not covered by my health insurance.

Signature _____ Date: _____