

NORTH STATE FAMILY COUNSELING CENTER, INC.

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Client Information/Demographics

Client Name: _____ Today's Date: _____

Gender: Male Female Other: _____

DOB: _____ Age: _____ Social Security #: _____

Marital Status: _____ Name of Significant other: _____

Physical Address: _____

Mailing Address (if different): _____

Email Address: _____

Phone #: _____ Type- Cell/Home/Work Text reminders okay? Y / N

Emergency Contact Name: _____ Phone #: _____

Insurance Information:

Benefits ID # _____ Issue Date: _____

Name of Insured: _____ Insured's Birthdate: _____

Address of Insured: _____

Relationship to Client: _____ Insured's SSN: _____

Employer of Insured: _____ Benefits Contact Person: _____

Insurance Company: _____ Phone #: _____

Insurance ID #: _____ Group #: _____