

CLIENT INTAKE FORM - ADULT



**Groff
& Associates**
Professional Counseling

Please print clearly - *One person per section.*

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ - _____

Work Phone: () _____ - _____ Birth Date: _____ / _____ / _____

Cell Phone: () _____ - _____ Male Female

Email Address: _____

May we leave messages? Yes at home at work on cell phone OR No please don't leave messages

Marital Status: Single Married Other Employer: _____

Referral Source

- Pastor/ Minister
- Doctor Office
- Former G & A client
- Friend/Family Member
- Other

Check one or both:

- Responsible Party Insurance Policy Holder

NOTE: If insurance is filed, by either Groff & Associates or yourself, all **standard billing rates** must apply. If you are paying a reduced rate and try to file an insurance claim on your own, it constitutes *insurance fraud* and we will not release the information needed by the insurance company to process the claim.

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