

KINGS COUNSELING CENTER

808 N. IRWIN STREET
HANFORD, CA 93230

*Roger A. Watson, M.F.T. and Associates
Marriage, Family and Child Therapy
Psychotherapy*

For Office Use Patient ID # _____

PATIENT INFORMATION

DATE: _____ ASSIGNED THERAPIST _____

PATIENT NAME: _____ DATE OF BIRTH: _____ AGE: _____

GENDER: (Circle one) M F SOCIAL SECURITY NUMBER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: H: _____ W: _____ (x) _____ C: _____

(May we leave a message at any of these numbers? Y N)

PARENT'S NAME IF PATIENT IS A MINOR: _____

EMERGENCY CONTACT: NAME _____ PHONE: # _____

PATIENT NAME #2: _____ DATE OF BIRTH: _____ AGE: _____

GENDER: (Circle one) M F SOCIAL SECURITY NUMBER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: H: _____ W: _____ (x) _____ C: _____

MARITAL STATUS:

MARRIED _____ SEPARATED _____ DIVORCED _____ SINGLE _____ ENGAGED _____ OTHER _____

REFERRING PHYSICIAN OR THERAPIST: _____ PHONE #: _____

PRIMARY INSURANCE:

HEALTHCARE INSURANCE: _____ PHONE: _____

INSURED'S NAME: _____ SS # _____ DOB: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: H: _____ W: _____ (x) _____ C: _____

SUBSCRIBER ID: _____ GROUP NUMBER: _____

EMPLOYER: _____ RELATIONSHIP TO PATIENT: _____

SECONDARY INSURANCE:

HEALTHCARE INSURANCE: _____ PHONE: _____

INSURED'S NAME: _____ SS # _____ DOB: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: H: _____ W: _____ (x) _____ C: _____

SUBSCRIBER ID: _____ GROUP NUMBER: _____

EMPLOYER: _____ RELATIONSHIP TO PATIENT: _____

* **WE ARE CURIOUS** – HOW DID YOU HEAR ABOUT US? _____

- THERAPY SESSIONS ARE DEFINED AS 45 – 50 MINUTES IN LENGTH