

Gayle Seely LLC Counseling

*****Insurance Registration*****

Date: _____

Name: _____ Date of Birth _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Please Circle One: Married / Single / Committed

Please Circle One: Male / Female Employed: Yes / No

Phone Number: _____

Employer: _____

Parent's Names (if under 18): _____

Referral Source: _____

Client's statement of problem: _____

In case of an emergency whom should we contact?

_____ Phone: _____

Signature of client or guardian: _____

Insurance: ASR Group: 1011
 BC/BS Group: _____

Policy #/ Subscriber ID: _____

Name of Policy Holder/Insured:

Same as client listed above or

_____ (Please list legal name)

Relationship to Insured: _____ Insured DOB: _____

Insured Soc Sec #: _____

*Please be advised there is a \$100.00 fee for any missed appointments that are not canceled 72 hours or more prior to the scheduled session.