



Mary E Joyce, LPC, CADC I Dx _____

Client Name: _____ Age _____ DOB _____
Address _____ City/St/Zip _____
Best contact phone _____ Alternative _____
Can we leave message at these # Yes _____ No _____
Work Phone _____ SS# _____
Drivers License _____ Occupation _____
Employer _____

Bills and other correspondence may be sent my address and logo unless otherwise specified; is this OK? Yes _____ No _____

Emergency contact _____ Relationship _____
Phone _____ Alternative # _____
May we leave a message with this individual? Yes _____ No _____
Primary Care Provider _____ Phone _____

Responsible Party if different from above

Name _____ Phone _____
Address _____ City/St/Zip _____
SS# _____ Driver's License _____
Occupation _____ Employer _____

Primary Insurance _____ Phone _____ FAX _____
Address _____ City/State/Zip _____

Subscriber Name _____
DOB _____
ID# _____ Group# _____ Employer _____

Secondary Insurance _____ Phone _____ FAX _____
Address _____ City/State/Zip _____

Subscribers Name _____ DOB _____
ID# _____ Group# _____ Employer _____

Assumption of responsibility for minors and/or adult children: I agree to be responsible for professional expenses incurred with Mary E Joyce, LPC, CADC I.

Client _____ Relationship to client _____
Signature of responsible Person _____ date _____