

**Sarah Matheson, M.A., M.A., LPC**  
**Individual and Relationship Psychotherapy**

**Client Information**

Last Name of Client \_\_\_\_\_ First Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Home Telephone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ Email \_\_\_\_\_  
Party \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
Responsible Party Information (if other than self): Name \_\_\_\_\_  
Address and Phone \_\_\_\_\_  
Client's Employer \_\_\_\_\_ Address \_\_\_\_\_  
Emergency Contact Person and Phone \_\_\_\_\_  
How were you referred? \_\_\_\_\_

**Information Pertaining to Spouse, Partner, Children, or Other**

Spouse/Partner Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Home Telephone ( ) \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ Email \_\_\_\_\_  
Relationship to Client \_\_\_\_\_  
Other Family Members and Dates of Birth:  
1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_  
5. \_\_\_\_\_ 6. \_\_\_\_\_

**Insurance Information**

Insurance Company Name \_\_\_\_\_ Company Phone \_\_\_\_\_  
Insured Party Full Name \_\_\_\_\_ Relationship to Client \_\_\_\_\_  
ID Number \_\_\_\_\_ Group Number or Name \_\_\_\_\_

I hereby authorize Sarah Matheson to furnish to my insurance company any requested information concerning my present treatment. I hereby assign to Sarah Matheson all monies to which I am entitled for psychological expenses relative to the services reported on my insurance claim form. I understand that I am financially responsible to Sarah Matheson for charges not covered by this assignment.

Signature of Client \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

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