

LifeSolutions Counseling Associates, P.C.
1185 W. Carmel Dr., Ste. D-4
Carmel, IN 46032
317-569-5433

Referral/Registration Form

Date / Time of Call: _____ **Referred by:** _____

Client's Availability: _____

Client Name: _____

Preferred Name: _____

Gender: _____

Legal Guardian Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

DOB: _____ **Age:** _____

Marital Status (Please Circle): Single Widowed Married Partnership Divorced Separated

Concern: _____

INSURANCE INFORMATION AND VERIFICATION OF BENEFITS

Insurance Company: _____

Mental Health Services Company: _____

Telephone Number to Verify Benefits: _____

Primary Insured Name: _____

Employer: _____

Social Security Number: _____

Member ID or Policy Number: _____

Group Number: _____