

Therapist's name: _____ Date: _____

Wellspring Psychological Associates
250 El Camino Real, Suite 213
Tustin, CA 92780

New Client Information Form

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____
HOME ADDRESS (including apartment number) _____ CITY _____ STATE _____ ZIP _____
CELL PHONE _____ Is it okay to leave a message? Y N HOME PHONE _____ Is it okay to leave a message? Y N
AGE _____ DATE OF BIRTH _____ Gender: M or F E-MAIL (REQUIRED) _____

Names of those who will assume financial responsibility on your account:

Name (First, Last)	Relationship	Date of Birth
_____	_____	_____
_____	_____	_____

Insurance Information (only complete if you would like to use your insurance)

Insurance Co.: _____ Insurance Co. Phone#: _____
Who is the insured? Self Spouse Child Other _____ Subscriber's Name: _____
Client's ID#: _____ Subscriber's ID#: _____
Subscriber's Date of Birth: _____ Gender: M or F

Scan ins. card, if possible

For Therapist Use Only

Diagnosis: _____
Description: _____
Financial Agreement: _____