

**Multicultural Counseling and Research Center  
225 S. Meramec, Suite 203  
St. Louis, MO 63105  
314-445-5678**

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**Client Information**

Client Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ (Circle the number we can leave message on)

Social Sec # \_\_\_\_\_ Employer/School/Grade \_\_\_\_\_

Referral Source \_\_\_\_\_

Primary Care Physician Name \_\_\_\_\_ Clinic \_\_\_\_\_

Phone/Address \_\_\_\_\_

Marital Status: SINGLE    MARRIED    DIVORCED    WIDOWED

Spouse/Partner D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Religious Preference \_\_\_\_\_

**INSURANCE INFORMATION (IF APPLICABLE)**

Subscriber \_\_\_\_\_ D.O.B. \_\_\_\_\_ S.S. # \_\_\_\_\_

(H) \_\_\_\_\_ (C) \_\_\_\_\_

Relationship to Client \_\_\_\_\_ Employer \_\_\_\_\_

Address (if difference from client) \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Group/Policy # \_\_\_\_\_ Identification # \_\_\_\_\_

**ASSIGNMENT OF BENEFITS**

I hereby assign payment of authorized medical and/or psychological benefits to Multicultural Counseling & Research Center (MCRC) for any services furnished. I authorize any holder of medical information about me to release any information needed to determine the benefits payable for related services. A photocopy of this assignment is considered as valid as the original. This assignment will remain in effect until revoked by me in writing. I understand that I am financially responsible for charges whether or not paid by said insurance. If this account is assigned to any attorney for collection and/or suit, I agree to pay your court cost and attorney's fees. I also understand that a 24-hour notice is required for cancelling appointments or I will be charged for the session. I authorize said assignee to release all information necessary to secure payment. I give my consent for this practitioner to render treatment on the above-mentioned patient for mental health services.

Signature \_\_\_\_\_ Date \_\_\_\_\_