



Courage Counseling

Lindsay Rilinger, LCSW

729 1/2 Massachusetts St. #214

Lawrence, KS 66044

P: 785-633-2743 - F: 785-640-8400

lindsay@couragecounselingks.com

Client Information Form

Today's Date: _____

Client's Full Name: _____

Date of Birth: _____

Address: _____

City, State, Zip: _____

Phone: _____

email: _____

Gender: _____ Pronouns: _____

Occupation: _____ Current employer: _____

If Client is a Minor or Has a Legal Guardian

Parent/guardian Name (first, middle, last):

Address: _____

City, State, Zip: _____

Phone: _____

Emergency Contact

Name: (first, middle, last) : _____

Relation to client: _____

Phone: _____



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Insurance Information

Primary Insurance Provider: _____

Member ID: _____ Group #: _____

Employer as stated on card: _____

Subscriber Name (Person the policy is under): _____

Primary Subscriber DOB: _____

Relation to client: _____

Address:

Client Signature

Date

Client Legal Representative/Guardian

Date