



**NEW CLIENT INFORMATION SHEET**

Name of individual completing this paperwork: \_\_\_\_\_

Date: \_\_\_\_\_

Who referred you here/How did you find out about us? \_\_\_\_\_

**PLEASE FEEL FREE TO PROVIDE ANY ADDITIONAL INFORMATION ON THE BACK OF THIS FORM!**

Client First Name:	Middle Initial:	Last Name:
Preferred Name:	Gender:	Date of Birth:
Address of Primary Residence:		
Address of Secondary Residence (if applies):		
School Name	Grade:	Pediatrician:
Diagnoses:	Medications:	

<b>Are you the legal guardian/parent of the child above?</b>			Yes	*No	<i>*If no, do not proceed</i>
Your First Name:	Last Name:	Rel. to Child			
DOB	Address (if different from above):				
Home Phone:	Cell:	Email:			

Please initial if you consent for BPBH to: \_\_\_ leave a message on home #, \_\_\_ leave a message on cell #, \_\_\_ text cell #, \_\_\_ email

<b>Legal Guardian/Parent #2</b>		
First Name:	Last Name:	Rel. to Child
DOB	Address (if different from above):	
Home Phone:	Cell:	Email:

Please initial if you consent for BPBH to: \_\_\_ leave a message on home #, \_\_\_ leave a message on cell #, \_\_\_ text cell #, \_\_\_ email

<b>Other Caregivers that Reside with/ Care for Child</b> (we will not contact these individuals without gaining consent first)			
Name of Caregiver	Relationship to Child	Cell	Email

Child's legal guardian's/parents are:	<input type="checkbox"/> Married	<input type="checkbox"/> Separated*	<input type="checkbox"/> Divorced*	<input type="checkbox"/> Never Married*
*If legal guardians/parents are not together, does the other guardian/parent know of AND consent to the child receiving the services being requested at BPBH?			<input type="checkbox"/> Yes	<input type="checkbox"/> No (Explain):
<small>BY MARKING YES ABOVE you attest this to be true and Beacon and staff will NOT be held liable if this information is determined to be fraudulent. *If legal guardians/parents are NOT together, or if you are NOT the adoptive/biological parent of the child, it is <b>YOUR RESPONSIBILITY to provide a copy of legal documentation</b> clarifying parent/guardian rights regarding medical decision making and access to child's medical information. It is solely the client's responsibility to be transparent about these details and provide said documents. *Unless otherwise marked above, it is assumed that all legal guardians/parents have knowledge of and consent for services and may contact the provider at any time; provider will not independently initiate contact with caregivers not in attendance at sessions. *If legal guardians/parents are currently engaged in legal action with one another (e.g., divorce proceedings, custody dispute, parenting plan/child support modifications, you <b>MUST</b> inform the provider at the time of your new client intake appointment! Provider is NOT held liable for client's failure to do so!</small>				

<b>You must read and sign the attached agreements and policies regarding insurance and payment. It is your responsibility to know the details of your coverage, as you are responsible for payment of any services insurance does not cover. Beacon is NOT responsible for insurance denials due client failure to provide accurate and up to date insurance information!</b>							
Insurance Company:				Is there ANY other insurance name listed anywhere on your card? If yes, what?			
<i>FOR TRICARE:</i>	<i>Choose ALL that apply</i>	<input type="checkbox"/> PRIME	<input type="checkbox"/> SELECT	<input type="checkbox"/> ACTIVE	<input type="checkbox"/> RETIRED	<input type="checkbox"/> RESERVE	
Member/Sponsor ID				Policy Holder Name:			
Policy Holder DOB				Policy Holder Rel. to Child			
Insurance Phone:				Insurance Address:			
Do you have additional insurance?	<input type="checkbox"/> Y	<input type="checkbox"/> N	If yes, provide details:				

*\*Please note, we are only able to bill your secondary insurance if we are in network for your secondary plan!*

<b>I attest that the information I have provided above is accurate and true. Beacon is not responsible for any misinformation I provide.</b>		
NAME:	SIGNATURE:	DATE: