

JSF Professional Counseling Services, LLC

License #37PC00431200 Corporation #0400685811

Mailing/Office Address: 3100 Princeton Pike, Building 1, Suite I, Lawrenceville, NJ 08648

Appointments: 609-474-0848 Emergency: 856-298-9203

CLIENT INFORMATION

Date: _____

Client Name: _____

DOB: _____

Age: _____

Gender: _____

Ethnicity: _____

Marital Status: _____

Contact Number: _____

Address: _____

City: _____

State: _____

Zipcode: _____

Employer: _____

Occupation: _____

Insurance Company: _____

Primary Name: _____

Primary DOB #: _____

Subscriber #: _____

Group #: _____

Referent: _____

Relationship to Client: _____

EMERGENCY CONTACT

Name: _____

Relationship to Client: _____

Contact Number: _____

ASSIGNMENT & RELEASE

I, the undersigned, guarantee the information as stated within this form is truthful and assign directly to Jordan S. Faiman, LPC all payments for services rendered. I understand that I am financially responsible for all charges and/or insurance payments if applicable. I hereby authorize the release of all information necessary to secure payments for services and use of this signature.

Client Signature

Date

Witness

Date