

Doreen A. Zaborac & Associates, Inc.

Zaborac Counseling Group

17255 Oak Park Avenue

Tinley Park, IL 60477

708.633.4533

General Information & Insurance

Patient Name: _____ Middle: _____ Last: _____

Preferred Name: _____ Sex: _____

D.O.B. _____ Age: _____

Parent/Guardian Information (If Applicable):

Parent/Guardian 1 First Name: _____ Last Name: _____

Phone: _____ Responsible Party

Parent/Guardian 2 First Name: _____ Last Name: _____

Phone: _____ Responsible Party

Contact Information

Primary Phone: _____ Messages can be left at this phone number.

Secondary Phone: _____ Messages can be left at this phone number.

Email Address: _____

Messages can be sent to this email address regarding appointments, billing, and records.

Messages can NOT be sent to this email address appointments, billing, and records.

Address: _____ Address 2: _____

City: _____ State: _____ Zip Code: _____

Social Security #: _____

Marital status: Single Married Divorced Separated Widowed

Emergency Contacts (To be contacted in the event of a Medical or Mental Health Emergency)

(REQUIRED) Contact #1:

Name: _____ Phone: _____ Relationship: _____

Contact #2:

Name: _____ Phone: _____ Relationship: _____

Patient Name: _____

HEALTH INSURANCE

Primary Insurance:

Insurance Company: _____ Relationship to Insured: _____

Insured First Name: _____ Insured Last Name: _____

Policy Number: _____ Group Number: _____

Insured Date of Birth: _____

Secondary Insurance:

Insurance Company: _____ Relationship to Insured: _____

Insured First Name: _____ Insured Last Name: _____

Policy Number: _____ Group Number: _____

Insured Date of Birth: _____

I am utilizing self-pay. (Please check this box if you do not have insurance or if you are a court involved client seeking reunification, co-parenting, therapeutic supervised visits, or mediation services.)

I attest that all information included in this form is true and accurate to the best of my knowledge.

Client Signature: _____

Responsible Party: _____

Relationship to the Patient: _____

Date: _____