

**California Counseling Associates**

1242 Park Street  
Alameda, CA 94501

Therapist: \_\_\_\_\_

**New Client Registration**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt/Space Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Marital Status: M/S/D/W  
DOB \_\_\_\_\_ Gender \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Primary Doctor: \_\_\_\_\_ Referred by: \_\_\_\_\_

**Responsible Party**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt/Space Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Relationship to Patient: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_  
Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Primary Doctor: \_\_\_\_\_ Referred by: \_\_\_\_\_

**Emergency Contact**

Full Name/ Relationship: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**Insurance Information**

Primary Insurance: \_\_\_\_\_ Secondary Insurance: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Insurance ID #: \_\_\_\_\_ Insurance ID #: \_\_\_\_\_  
Group #: \_\_\_\_\_ Group ID#: \_\_\_\_\_  
Policy Owner Name: \_\_\_\_\_ Policy Owner Name: \_\_\_\_\_  
DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Authorization #: \_\_\_\_\_ Authorization #: \_\_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION AND ASSIGNMENT OF MEDICAL BENEFITS**  
I hereby authorize California Counseling Associates to treat the above named patient. I authorize the release of medical information necessary to secure payment from insurance(s) or third parties. I authorize payment of medical benefits to be paid directly to California Counseling Associates. I understand that I am financially responsible to for any amounts not covered by my health insurance.

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