

**MN Couple Therapy Center**  
**Client Registration**  
1611 County Road B, Suite 204  
Phone: 651-340-4597

**General Information**

Client name \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Today's date: \_\_\_\_\_

Spouse or partner \_\_\_\_\_

Marital Status S M D W Other \_\_\_\_\_

Current status: Student Employed Unemployed Retired Other: \_\_\_\_\_

If student, are you Full Time or Part Time? FT PT School attending: \_\_\_\_\_

If working, Occupation and Place of Employment \_\_\_\_\_

Emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency contact Phone Number \_\_\_\_\_ Alternative Phone Number \_\_\_\_\_

If person filling out form is not client, check here: What is your relationship to client? \_\_\_\_\_

**\*\*How did you find me? (Referred by)** \_\_\_\_\_ **MnCoupleThxCntr website** \_\_\_\_\_

**Psych Today website** \_\_\_\_\_ **NDVB Prof website** \_\_\_\_\_ **Tribes** \_\_\_\_\_ **Other:** \_\_\_\_\_

**Address & Contact Information**

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Any special instructions for how to ensure your confidentiality with mailed communications? \_\_\_\_\_

\_\_\_\_\_

Type:	Ok to Call:	OK to Leave Message:	Preferred contact
Home phone _____	Y N	Y N	Y N
Mobile phone _____	Y N	Y N	Y N
Work phone _____	Y N	Y N	Y N
Email _____	Okay to email?	Y N	Y N

Any special instructions for calling, voice mail or email? \_\_\_\_\_

**Insurance Information**

Insurance Carrier: \_\_\_\_\_ Policy ID # \_\_\_\_\_ Group # \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Policy Holder DOB: \_\_\_\_\_ SSN \_\_\_\_\_

I hereby authorize my provider at MN Couple Therapy Center to furnish the above-named insurance company all information they may request concerning my present diagnosis and treatment. I hereby assign to my provider the insurance proceeds to be credited against the total fee for service due on my account. I understand and agree that I am financially responsible for all charges whether or not they are covered by insurance.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_ (\_\_\_\_)