



127 Avenue A, Suite 203, Snohomish, WA 98290

206-227-6139

[www.cascadeviewcs.com](http://www.cascadeviewcs.com)

Client Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Home Ph: \_\_\_\_\_

\_\_\_\_\_ Work Ph: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

I would like appointment reminders sent to my:  Email  Home Phone  Work Phone

Emergency Contact: \_\_\_\_\_

Employer Info: \_\_\_\_\_

Referred By: \_\_\_\_\_

Medical Provider: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Name of Subscriber: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Subscriber ID#: \_\_\_\_\_

Group#: \_\_\_\_\_ Contact#: \_\_\_\_\_

Available Coverage: \_\_\_\_\_ Insurance Pays: \_\_\_\_\_ Co-Pay: \_\_\_\_\_

Deductible: \_\_\_\_\_ Met:  Yes  No

Problem or condition for which counseling is being sought: \_\_\_\_\_