

Karen R. Stefano Ed.M, M.A., L.P.C. NCC
25 Homewood Court
Charles Town, West Virginia 25414
304-728-6757
West Virginia Liscense #1319
CLIENT REGISTRATION FORM

Today's Date: _____

Patient's full name: _____ SS# _____
Home
Address: _____ City: _____
State: _____ Zip: _____
Home Phone: _____
Cellphone: _____
Marital status _____
Date of Birth ____/____/____
Patient Employer: _____
Work Phone: _____
If Student:
High School or College: _____
Family Physician: _____
Referred By: _____
Person to Contact in Emergency: _____
Phone: _____

Insured/Responsible Party Information

Full Name of Insured: _____
Relationship: _____
Home Address: _____
Phone: _____
Insured SS#: _____
Insured's Primary Ins. Co.: _____
IDNo.: _____
Group No: _____

Billing and Insurance Policy

I understand that I am responsible for the full amount of my bill for services provided. There is a 24hour cancellation policy, which requires that you cancel your appointment 24 hours in advance between the hours of 8am to 4pm Monday through Friday to avoid being charged.

Name: _____

Signature: _____ Date: _____