

**ADULT INFORMATION SHEET**

**LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**BIRTH DATE:** \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_ **AGE:** \_\_\_\_\_ **SS #:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_ **HOW LONG:** \_\_\_\_\_

**PLACE OF EMPLOYMENT:** \_\_\_\_\_ **EDUCATION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

.....

**Spouse/ parent(guidance)/ or Primary Insurance Holder:**

**LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_ **BIRTH DATE:** \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_ **AGE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**PLACE OF EMPLOYMENT:** \_\_\_\_\_ **SS #** \_\_\_\_\_

**WORK PHONE:** \_\_\_\_\_ **EDUCATION:** \_\_\_\_\_

**MARITAL STATUS:** \_\_\_\_\_ **YRS.** \_\_\_\_\_ **LENGTH OF RELATIONSHIP** \_\_\_\_\_

<b>CHILDREN</b>	<b>BIRTH DATE</b>	<b>AGE</b>	<b>SEX</b>	<b>GRADE</b>
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FAMILY PHYSICIAN:** \_\_\_\_\_

PLEASE COMPLETE REVERSE SIDE

MEDICATIONS: \_\_\_\_\_

MEDICAL CONDITIONS OR DIAGNOSIS: \_\_\_\_\_

PRIOR TREATMENT: \_\_\_\_\_

**\*IN CASE OF AN EMERGENCY, PLEASE CONTACT:**

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

I WAS REFERRED BY: \_\_\_\_\_

**I AUTHORIZE to Ji Young Kim M.A., LPC to contact to the person, who is the emergency contact above.**

.....  
I AGREE TO BE RESPONSIBLE FOR ALL FEE'S INCURRED BY ME OR ON MY BEHALF FOR SERVICES RENDERED BYJI YOUNG KIM M.A., LPC. I UNDERSTAND THAT PAYMENT FOR SERVICES ARE DUE WHEN RENDERED AT AUSTIN, TEXAS.

I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE INFORMED CONSENT \ INFORMATION SHEET CITING THE PROCEDURES, SESSIONS, PRIVACY RULES, FEES, INSURANCE AND REFERRALS AS STANDARD POLICY AND I AGREE TO THE TERMS SET OUT THEREIN. I UNDERSTAND THAT IF A SUIT IS FILED TO COLLECT ANY UNPAID BALANCE ON MY ACCOUNT, I AGREE TO PAY THE REASONABLE ATTORNEY'S FEES FOR SUCH PROCEDURES AND I AGREE VENUE IS ACCEPTABLE IN WILLIAMSON, COUNTY, TEXAS AND I AGREE TO JI YOUNG KIM IS GOING TO CHARE FOR THE BALANCES TO MY CARD THAT I PROVIDED THE BOTTOM.

CARD TYPE

CREDIT CARD      VISA CARD:     MASTERS CARD:     AMERICAN EXPRESS  
CARD:       OTHER   
NAME:

DEBIT CARD :

NAME OF CARD HOLDER:

CARD NUMBER:

EXPRESSION DATE:

3 SECURRTY CODE:

BILLING ADDRESS:

\_\_\_\_\_  
PATIENT SIGNATURE  
CONSERVATOR, OR PARENT

\_\_\_\_\_  
DATE