
Purposeful Counseling, PLLC
Lindsay Jaques, LPC, LMHC
750 Officers Row
Vancouver, WA 98661
503.319.0678

CLIENT DEMOGRAPHIC AND INSURANCE FORM

Client Information:

Client Name: _____ Date: _____

Gender: Male Female Age: _____ Date of Birth _____

Home Address: _____

City/State: _____ Zip Code: _____

Home Phone: _____ Okay to leave a message? Yes No

Work Phone: _____ Okay to leave a message? Yes No

Cell Phone: _____ Okay to leave a message? Yes No

Email address: _____ Okay to contact by email? Yes No

Emergency Contact _____
Name Relationship Phone

Primary Insurance Information:

Name of Policy Holder (Insured): _____

Insured SSN: _____ Insured Birth Date: _____

Insured Employer: _____ Health Plan: _____

Client's Relationship to the Insured: _____

Member number: _____ Policy/ Group number: _____

Insurance Co. Contact Phone Number: _____

Insurance Co. Address: _____

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Secondary Insurance Information:

Name of Policy Holder (Insured): _____

Insured SSN: _____ Insured Birth Date: _____

Insured Employer: _____ Health Plan: _____

Client's Relationship to the Insured: _____

Member number: _____ Policy/ Group number: _____

Insurance Co. Contact Phone Number: _____

Insurance Co. Address: _____