Confidential Client Information

Village Counseling Center
New Hope for a better life

1240 Bamberg Ct., Ste. 3A, Hanover Park, IL 60133 • 460 Briargate Dr., Ste. 700, S. Elgin, IL 60177

Client Information *(Please Print)*

Client's Name: _____ Client's Date of Birth: _____/_____/_____

Address: _____City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

May we leave a message? Y N May we leave a message? Y N

SS#: _____ Marital Status: Single Married Widowed Divorced Other (circle one)

Email: _____

Who told you about Village Counseling Center? : _____ *(If a person, please provide name.)*

Client's Employer / School: _____ Work Phone: _____

Responsible Party Information *(Please fill out if client is a dependant or under the age of 18)*

Name: _____ Relationship to Client: _____

Address: _____City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

May we leave a message? Y N May we leave a message? Y N

E-mail Address: _____ Date of Birth: _____/_____/_____ SS#: _____

Employer: _____ Work Phone: _____

Insurance Information *(Please Print)*

Insurance Company: _____ Phone: _____

Member ID#: _____ Group#: _____

Insured's Name: _____ Relationship to Client: _____

Insured's Address: _____City: _____ State: _____ Zip: _____

Insured's Phone: _____ May we leave a message? Y N

Date of Birth: _____/_____/_____ SS#: _____ Occupation: _____

Employer: _____ Work Phone: _____

Additional Information *(Please Print)*

Name of Primary Care Physician: _____ *(Required for insurance billing)*

Attestation

I attest that I, and/or my dependent(s), have insurance coverage with _____. I give permission for VCC Counseling, Inc. to bill the insurance listed above, to obtain any information needed for treatment and to collect payment for services rendered for treatment. I understand that I am financially responsible for any charges not covered by insurance. By providing my email I understand that I am opting to receive emails from VCC Counseling, Inc. (NOTE: You may opt-out at any time by following steps that are provided in each email.) This shall serve as my signature for documentation related to my treatment. This consent is valid throughout the length of my treatment.

Signature of Client: _____ Date: _____

Signature of Parent or Guardian (if applicable): _____ Date: _____