



REGISTRATION FORM

Pathways Counseling Center, LLC.
2525 Aurora Road, Suite 104
Melbourne, FL 32935
Phone: (321) 622-6710 Fax: (321) 622-6715

Office Use Only
OVF: _____
Dx: _____

Date: _____ Which Counselor are you seeing today? _____

Client Information: Name: _____

Married Single Child Divorced Separated Widowed E-mail Address _____

Sex: M F Age _____ Date of Birth: _____

Street Address: _____ Home Phone: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____ Best time/place to reach you: _____

Employed By: _____ How long: _____ Business Phone: _____

Accept calls at work? _____ Occupation: _____

Spouse Name: _____ Date of Birth: _____

Employed By: _____ Occupation: _____

How long: _____ Business Phone: _____ Accept calls at work? _____ Cell Phone: _____

Name of Financially Responsible Party: _____ Relationship to client: _____

Sex: M F Date of Birth: _____ Single Married Widowed Separated Divorced

Street Address: _____ Home Phone: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____ Employed By: _____

How long _____ Occupation: _____ Business Phone: _____ Accept calls at work? _____

Medical Insurance Information: Name of Primary Insurance: _____

Authorization Number:	Member ID # _____	Group # _____	Phone # _____
	Name of Secondary Insurance (if any) _____		
	Member ID # _____	Group# _____	Phone # _____

Purpose of Visit: _____

Children (Names & Ages): _____

Church Affiliation : _____

In case of emergency, who should be notified? _____ Phone: _____

How did you learn of our practice?: _____

AGREEMENT

Notice of Privacy Practices: You have the right to read our Notice of Privacy Practices before you decide whether to sign this Consent

INSURANCE AUTHORIZATION: I hereby assign all benefits for services rendered on behalf of myself and/or my dependents to PCC. I authorize PCC to submit a claim to my insurance carrier and to release all information necessary to process this and related claims. I understand that all co-payments and deductibles (if any) are my responsibility, and that my account may be sent to Collections if payment or payment arrangements have not been made. I acknowledge that payment is due at the time of service.

Right to Revoke: You will have the right to revoke this Consent at any time by giving us written notice of your revocation submitted to the Contact Person listed above. Please understand that revocation of this Consent will not affect any action we took in reliance on this Consent before we received your revocation, and that we may decline to treat you or continue treating you if you refuse to sign, or revoke this Consent..

Client's Signature _____ Date _____
(I agree to the above)

Spouse's Signature (Required) _____ Date _____
(Required if Parent, Trustee, Guardian, of Minor Client) (I agree to pay if client does not pay)

PATHWAYS COUNSELING CENTER, LLC.

2525 Aurora Road, Suite 104 Melbourne, Florida 32935 321-622-6710 Fax: 321-622-6715

HEALTH INFORMATION RELEASE FORM

I authorize the persons below to have access to any and all of my health information, including mental health, HIV, drug and alcohol abuse records. Pathways Counseling Center, LLC. is permitted to share any medical information with them, including test results and information disclosed during office visits.

Persons authorized to receive my medical information (full name and phone number)

You may notify me or the parties listed above with appointment reminders and other information regarding my health information.

Signature _____ Date _____

Consent to Treatment

I, hereby give consent to treatment to Pathways Counseling Center LLC.

I understand and direct that this will remain in effect until it is revoked by me in writing.

_____ Patient or Personal Representative (print)	_____ Date
_____ Signature of Patient or Personal Representative	_____ Date
_____ Witness	_____ Date

_____ I have read and understand the privacy statement located on Pathways website.

_____ I have read and understand the financial policies of Pathway Counseling Center located on the Pathways website.