



# Mill Creek Counseling and Family Services

Making your day a little brighter

## Client Registration

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Parent or Guardian's Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Provider Information: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you currently taking any medication? If yes, please list the names and reason:

\_\_\_\_\_  
\_\_\_\_\_

### Insurance Information:

Subscriber's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Place of Employment: \_\_\_\_\_

Insurance Information: Primary: \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Address (on back of card): \_\_\_\_\_  
\_\_\_\_\_

Phone Number (on back of card): \_\_\_\_\_ Co-pay \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ Policy # \_\_\_\_\_

Address (on back of card) \_\_\_\_\_ Phone# \_\_\_\_\_

Waumbec Mill  
250 Commercial Street, Suite 1012B  
Manchester, NH 03101  
603-801-5597

Emergency Contact:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

**What problem or chief complaint caused you to call for an appointment?**

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**Are there other stressors in your life that impact your ability to function at your best?**

Please list: \_\_\_\_\_

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**Client Authorization:**

I give permission for my (minor) child to receive treatment at Mill Creek Counseling. I understand that I am fully responsible for any fees for professional services provided to me or my dependents. If I am using my insurance, my signature below authorizes Mill Creek Counseling/Souhegan Valley Counseling to submit claim forms for me directly to my insurance company but does not guarantee payment of claims. I authorize the release of any medical or other information required by my insurance company to receive authorization for services or to process claims for services to me or my dependents.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_