

Christopher M. Muller, LPCC, LLC

Licensed Professional Clinical Counselor | Certified EMDR Therapist

Client Information Form

Personal Information:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Age: _____

Date of Birth: _____

Insurance Information:

Insurance: _____

Cardholder Name: _____

Cardholder Address: _____

City: _____

State: _____ Zip: _____

Cardholder Phone: _____

Cardholder Date of Birth: _____

Cardholder ID# _____

Relationship to Client: _____