



Rudden Counseling Services
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Client Information Form

Client Name _____ Date of Birth _____

Under 18:

Parent/Guardian Name _____

Shared Custody/Visitations with another parent Y N explain _____

Primary Address _____

Phone Number _____ Email Address _____

SSN#: _____

OK to contact via phone and leave message Y N OK to contact via email Y N

Emergency Contact:

Name _____ Relationship _____

Phone _____ Address _____

OK to contact in case of emergency Y N initials _____

Insurance Information (please provide card for copy)

Name of Insured _____ Relationship to Insured _____

Name of Insurance Company _____

Address of Insurance Company _____

Member ID # _____

Group # _____

Plan # _____