

Liz Mau, MS, LP
River Woods Counseling Services

Registration Information

Name of Client: _____

Date of birth: _____ Gender: Male Female Other

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Preferred Phone: Home Mobile Work

Would you like an appointment reminder by e-mail? Yes No

By checking yes, I understand e-mail may not be considered a confidential form of communication.

E-Mail Address: _____

If a minor (under age 18 years or 18 years and older and in high school):

Father's name: _____ Mother's name: _____

Phone: _____ Phone: _____

Insurance Information

Insurance Provider: _____ ID#: _____ Group# _____

Policy Holder Name (if not you): _____ Date of Birth: _____

Person Responsible for the bill: _____ Phone: _____

Address if different from above: _____

City: _____ State: _____ Zip: _____

I hereby authorize payment to Liz Mau, M.S., L.P. for those benefits which are payable. I authorize the release of pertinent medical information to my insurance carriers, as allowed by HIPPA.

Signature: _____ Date: _____