Katy Harvey, MS, RD, LD
Licensed Registered Dietitian
Client Data Sheet

INSIGHT COUNSELING, LLC

Today's Date ___/___/___

Name_____
Last First Middle Initial

Home Address_____

City, State and Zip Code_____

Home Phone ( ) _____Cell Phone ( ) _____ Work Phone ( ) _____
May we call there? Yes/No May we call there? Yes/No May we call there? Yes/No

E-Mail_____

Social Security Number _____ Birth Date ___/___/____ Age ____ Sex _____

***Insured_____ Insured's Employer_____

Billing Address (if different from above)_____

Employers Name _____ Your Position _____

Address_____ Years with Employer _____

Education (# of Years)_____ Highest Degree _____ Usual Occupation_____

Referred By_____

Others in your family or living in the home with you:

Name	Age	Relationship to you

In Emergency, Notify: (Please name two)

Name_____
Address_____
_____
Phone_____
Relationship to you_____

Name _____
Address_____
_____
Phone_____
Relationship to you_____

Family Physician: _____
Name Phone

_____
Address City State Zip

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Your Signature_____ Date____/____/___

(This signature does not authorize release of information or obligate you in any way to InSight Counseling, LLC. or your Independent Practitioner. It is requested for your protection only)

***Regarding insurance: It is the responsibility of the client to file claims with their insurance company.
Your Practitioner does not maintain a supply of insurance forms. Payment is required at the time of service.

InSight Counseling, LLC is home to a network of Independent Practitioners.

8400 W. 110th Street, Suite 610, Overland Park, KS 66210, (913) 631-3800