Kristen Eldridge, MEd, MC
Licensed Professional Counselor
AZ License LPC-15142
kriseldridgelpc@gmail.com

CLIENT INFORMATION (Minor Child)

Client Name: ______________________________ Date of Birth: __________
Address: ______________________________ Age: __________
City, State, Zip: ______________________________

Parent(s) Name(s): ______________________________
Address: ______________________________
City, State, Zip: ______________________________
Preferred Phone #: __________ Email: ______________________________

Parent(s) Name(s): ______________________________
Address: ______________________________
City, State, Zip: ______________________________
Preferred Phone #: __________ Email: ______________________________

IN CASE OF EMERGENCY:

Name: ______________________________ Relationship: __________
Address: ______________________________ Phone #: __________

Fee Agreement: *Initial Assessment—$150.00, Follow-up 50-minute Sessions—$125.00 each.*

I authorize the following credit card to be on file to charge the above stated rate for appointment fees and/or co-pays. In the event of decline of payment by credit/debit card during processing, a service fee of $35 will be assessed in addition to resubmission of payment via alternate credit/debit card or other payment option. Your signature below indicates agreement of these terms including payment method and mutually agreed upon charges.

I authorize the following credit card to be on file and for Kris Eldridge, LPC to charge this credit card for counseling fees and/or co-pays.

Signature: ______________________________ Date: __________

Type of card: ______ VISA ______ MasterCard

Name as it appears on the card: ______________________________

Credit card number: ______________________________

Expiration Date: ____________________ CVC Code (3-digit code on back of card: __________

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Insurance: ______________________________

Member ID#: ______________________________ Group ID#: ______________________

Primary Insured's Name: ______________________________ DOB: __________