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Registration Form (PLEASE PRINT NEATLY)
[Circle when appropriate]

CLIENT INFORMATION

Name: _____ **Today's Date:** _____
Last Name First Name Middle Initial

Home Address: _____

Home Town: _____ **State:** _____ **Zip:** _____

Gender: Male ___ Female ___ **Date of Birth:** _____ **Age:** _____

Occupation: _____ **Employer:** _____

Employer Address (include city/state): _____

Student: yes ___ no ___ **Grade Level:** _____

Name of School: _____

School Address (include town): _____

COUPLES THERAPY INFORMATION
(write SAME when appropriate)

Spouse/Partner Name: _____
Last Name First Name Middle Initial

Partner's Home Address: _____

Partner's Home Town: _____ **State:** _____ **Zip:** _____

Partner's Date of Birth: _____ **Age:** _____

Partner's Occupation: _____ **Employer:** _____

ONLY FOR CLIENTS UNDER Age 18

PARENT INFORMATION

(write SAME when appropriate)

Parents: Married Divorced Separated Deceased _____

Child Living with: Both Parents Mother Father Other _____

Mother's Name: _____
Last Name First Name Middle Initial

Mother's Home Address: _____

Mother's Home Town: _____ **State:** _____ **Zip:** _____

Mother's Date of Birth: _____ **Age:** _____

Mother's Occupation: _____ **Employer:** _____

Father's Name: _____
Last Name First Name Middle Initial

Father's Home Address: _____

Father's Home Town: _____ **State:** _____ **Zip:** _____

Father's Date of Birth: _____ **Age:** _____

Father's Occupation: _____ **Employer:** _____

PRIMARY INSURANCE INFORMATION

Person Responsible For Insurance _____
Last Name First Name Middle Initial

Relationship to Patient: Self Spouse Child Other **Date of Birth** _____

Employer _____ **Occupation** _____

Employer Address _____ **Phone #:** _____

Insurance Company _____ **ID#:** _____

Group #: _____ **Name of Plan:** _____

ASSIGNMENT AND RELEASE

I certify that I have insurance coverage with _____ and
(Name of insurance company)

Hereby assign directly to Brite Futures Counseling, LLC all insurance benefits. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize Brite Futures Counseling, LLC to release all information necessary to the insurance company to secure the payment of benefits. I authorize the use of this signature on all insurance submissions. I also authorize the possible use of electronic billing to my insurance company by Brite Futures Counseling, LLC. I understand that all services provided outside of my mental health session, which are not covered by insurance, will be billed separately and I will be responsible in full, as per service fees.

Print Name _____

Client/Legal Guardian Signature _____ Date _____

Relationship to Client _____