

NAJ Counseling, LLC

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CLIENT INFORMATION

Name: _____ Date: _____

Street, City, Zip: _____ Birth Date: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Work Phone Number: _____ OK to call? Employer: _____

Email Address: _____

Please indicate how best to contact you: _____

Referred by: _____ Reason: _____

In Case of Emergency Contact:

Name: _____ Relationship: _____

Street, City, Zip: _____ Phone : _____

It is the responsibility of the client to obtain reimbursement from an insurance company. NAJ Counseling, LLC. does not file insurance claims. Please provide the following information if you will be filing insurance claims:

Insured's Name: _____ Relationship: _____

Insurance Company: _____

Street, City, Zip: _____

Insurance Phone Number: _____

Group Number: _____ I.D. Number: _____

You may release information necessary for billing to this person: _____