

DAKota Oak Counseling
3220 W 57th St. Ste. 100A
Sioux Falls, SD 57108
605.759.8359
Fax 605.275.0625

Private Independent Practitioners

- Kristi Hamilton LPC-MH, QMHP
- Deb Thompson LPC-MH, QMHP
- Ann Flynn-Crowe CSW-PIP

Registration Information

CLIENT

Legal Name _____ Date _____
Address _____
_____ Zip Code _____
Date of Birth _____ Social Security Number _____
Home Phone _____ Work Phone _____
Cell Phone _____ Email _____
Permission to contact and leave messages _____ Yes _____ No
Civil Status: _____ Single _____ Married _____ Divorced _____ Widowed _____ Separated
Student: _____ Full time _____ Part time

SPOUSE/PARENT (*if client is a minor child*)

Name _____
Address (*if different than client*) _____
_____ Zip Code _____

EMPLOYMENT OF CLIENT

Employer _____ Occupation _____

BILLING NAME/RESPONSIBILITY (*if other than client*)

Name _____ Relation to client _____
Address _____ Phone _____

Please supply insurance card for copying

INSURANCE INFORMATION *Complete if policy holder is not client*

Policy Holder _____ Relation to client _____

Date of Birth of policy holder _____ **Social Security #** _____

Employer of policy holder _____

INSURANCE AUTHORIZATION

I hereby authorize DAKota Oak Counseling to release necessary information to insurance carriers concerning my diagnosis and treatment in order to process my claims. I hereby authorize direct payment to DAKota Oak Counseling from insurance carriers for services rendered if my account is not paid in full. I permit a copy of this authorization to be used in place of the original.

Signature of Client or Guardian _____ Date _____