

# Counseling & Coaching Center of Roseville



## Client Information

Leilani Jennings, Ph.D.  
PSY15579  
(916) 956-7762

1380 Lead Hill Blvd., #110  
Roseville, CA 95661

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Is it OK to call you at home? \_\_\_\_\_ At work? \_\_\_\_\_ On cell? \_\_\_\_\_

Is it OK to leave a message at home? \_\_\_\_\_ At work? \_\_\_\_\_ On cell? \_\_\_\_\_

Your Social Security # \_\_\_\_\_

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Your Insurance Company: \_\_\_\_\_

Address for claims (refer to your card): \_\_\_\_\_

Insurance phone #: \_\_\_\_\_

Name of Insured \_\_\_\_\_

ID # of Insured \_\_\_\_\_ Birth date of Insured \_\_\_\_\_

Other ID # if any: \_\_\_\_\_ Group of ID # if any: \_\_\_\_\_

Insured is employed by: \_\_\_\_\_

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Name of your doctor: \_\_\_\_\_

All current medical problems: \_\_\_\_\_

All current medications: \_\_\_\_\_

All previous counselors seen: \_\_\_\_\_

Who referred you here today? \_\_\_\_\_

PLEASE GO ON TO THE NEXT PAGE