

Center for Authentic Living
 120 Main St Ste 200
 Park Ridge, IL 60068

Client Intake Form

Patient Info		Subscriber Info	
First Name:		First Name:	
Last Name:		Last Name:	
DOB:		DOB:	
Sex:		Sex:	
Address:		Address:	
City:		City:	
State:		State:	
Zip:		Zip:	
Telephone:		Telephone:	
Email:		Email:	
Referred by:		Relationship:	

Insurance Info	
Name of Insurance Company:	
Subscriber ID:	
Group Number:	
Insurance Telephone Number:	
Subscriber Employer:	

Credit Card Info	
Cardholder Name:	
Card Type (circle one):	Credit Debit HSA
Card Number:	
Expiration Date:	
Security Code:	
Zip Code:	
Cardholder Signature:	