

Responsive Centers for Psychology & Learning

7501 College Blvd Suite 250, Overland Park, KS 66210

Telephone: (913) 451-8550 Fax: (913) 469-5266

Client Update Sheet - Child/Adolescent

Today's Date: _____

Client's Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell: _____

Email Address: _____

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Emergency Contact: _____

Please supply us with updated insurance information

Primary Insurance Company: _____

Primary Insurance ID #: _____ Group # _____

Secondary Insurance Company: _____

Secondary Insurance ID #: _____ Group # _____

If you are using an EAP, Please indicate with an authorization # _____

We can not file insurance without the proper insurance information.

We will not back bill claims if you do not supply the correct information.

Initials: _____ Date: _____

If you need to cancel an appointment, please give 24 hrs notice or you may be charged a late cancel fee. This fee is also assessed if you do not show for a scheduled appointment.

These charges can not be billed to insurance.

Initials: _____ Date: _____

Reminder emails or text are a courtesy.

Please do not rely on these to remember your appointment.

Initials: _____ Date: _____

(Check One) Reminder Emails: _____ Text: _____

What phone or email would you like reminders on: _____

