Ron Latsha MS,LPC

Client Information

Name of Client _____ Date of Birth _____ SSN _____

Address _____ City _____ Zip Code _____ Contact Phone _____

Employer/School _____ Work Phone _____ Parent/Guardian _____

Person Responsible for the Account

Name _____ Date of Birth _____ SSN _____ Relationship to Client _____

Address _____ City _____ Zip Code _____

Employer _____ Work Phone _____

Insurance Information

Name of Insurance Plan _____ Address _____ City _____ Zip Code _____

Phone Number for Insurance Plan _____ Name of Policy Holder _____ Date of Birth _____

Insured's I.D. Number _____ Group Policy Number _____ Name of Employer _____

Secondary Insurance Information

Name of Insurance Plan _____ Address _____ City _____ Zip Code _____

Phone Number for Insurance Plan _____ Name of Policy Holder _____ Date of Birth _____

Insured's I.D. Number _____ Group Policy Number _____ Name of Employer _____