



Psychological Resource Group

8490 Woodbury Crossing · Woodbury, MN 55125
Office (651) 739-1128 · Fax (651) 731-6345

Client Information Form

PRG Provider ☐ James Richardson

Date: _____ Referred by _____

Client Information

Full Name _____

Address _____

City _____ State _____ Zip _____

Please list only numbers where you may be reached or messages may be left:

Phone _____ Work _____

Cell _____ Email _____

Date of Birth _____ Age _____ Male ☐ Female ☐

Marital status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed ☐ Separated

Employer _____ Occupation _____

School name _____ Grade _____

Emergency Contact Information

Emergency contact person _____

Address _____

City _____ State _____ Zip _____

Phone number(s) _____

Relationship to client _____

If client is a minor please provide parent information:

Parent (s) Name _____

Address _____

City _____ State _____ Zip _____

Phone: Home _____ Cell _____

Insurance Information

Primary Insurance _____
Name of policy holder _____
Address _____
City _____ State _____ Zip _____
Date of Birth _____ Social Security No. _____
Relationship to client _____ Copay \$ _____
Group No. _____ I.D No. _____
Employer _____

Secondary Insurance

Name of policy holder _____
Address _____
City _____ State _____ Zip _____
Date of Birth _____ Social Security No. _____
Relationship to client _____ Copay \$ _____
Group No. _____ I.D No. _____
Employer _____

The written information stated above was given to the best of my knowledge.

Signature _____ **Date** _____