

CLIENT INFORMATION FORM

<p>Name: _____.</p> <p>Date of Birth _____ Age* _____.</p> <p>E-mail Address _____.</p> <p>Home Phone _____.</p> <p>Cell Phone _____.</p> <p>Is it okay to leave a message for you at either number? Y N</p> <p>Address _____.</p> <p>_____.</p> <p>_____.</p> <p>Circle <i>One</i>:</p> <p>Married Separated Divorced Never-Married Remarried</p>	<p>Payment Info:</p> <p>Insurance Company: _____.</p> <p>Insurance ID#: _____.</p> <p>Phone # on back of card _____.</p> <p>Physician name: _____.</p> <p>Social Security # _____.</p> <p>Co-Pay: _____.</p> <p>Deductible _____.</p> <p>Session Limit/Auth # _____.</p> <p>Have you ever been in counseling before? Y N</p> <p>_____.</p>
<p>*Parent/ Guardian _____.</p> <p>Relationship to minor: _____.</p> <p>_____.</p> <p>_____.</p>	<p>Are you currently on any medication? Y N</p> <p>How were you referred to me?</p> <p>Please Explain:</p>
<p>Who else lives in your home?</p> <p>Name _____ M/F Relationship to client _____ Age _____</p> <p>Name _____ M/F Relationship to client _____ Age _____</p> <p>Name _____ M/F Relationship to client _____ Age _____</p> <p>Name _____ M/F Relationship to client _____ Age _____</p>	
<p>Please describe the concerns you are experiencing or what has lead you to seek counseling:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>For office use:</p> <p>First Contact: _____ Intake Session Scheduled: _____</p> <p>Follow up: _____</p>	