



Date: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Full Name: \_\_\_\_\_ Therapist Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ SSN# \_\_\_\_\_ DOB: \_\_\_\_\_

Email: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Employment Status: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Subscriber's Name: \_\_\_\_\_

Subscriber's DOB: \_\_\_\_\_ Subscriber's SSN# \_\_\_\_\_

Relation to client: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group # \_\_\_\_\_

Often communication via text is utilized. Please provide your phone number below if this is an acceptable form of communication with you. Note we will not be conducting therapy. This is for scheduling purposes only.

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relation to client: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relation to client: \_\_\_\_\_

Signature: \_\_\_\_\_

BEHAVIORAL & COUNSELING SERVICES: Instilling hope for a better tomorrow