



Contact Information

Client Name: _____ Parent Name (of minor): _____

Date of birth: _____

Address: _____

City, State, Zip Code: _____

Phone numbers: Land-line: _____ Cell: _____

Married Y N E-mail: _____

Insurance information

Name of insurance _____

Policy Number _____

Primary insured name _____

Birthdate of Primary person _____

Would you like to make appointments on line? Y N

We do request that we have a credit card on file if you would like to make on-line appointments with TherapyNotes.

Credit card number _____ Exp date _____ CSV _____

How did you hear about our services? Website friend relative other _____

(circle one)

Counselor you are seeing today: _____