

Cordis Counseling

Client Information

Please fill this form in completely—Please print clearly

Client's First Name _____ Last Name _____ Middle Name _____

Address _____ City _____ State _____ Zip _____

(Phone and email information below should parent's if client is under 18 years of age.)

Telephone (Home) _____ (Work) _____ (Cell) _____

Email Address: _____

Birth Date ____ / ____ / ____ Age ____ Gender M F Race/Ethnicity _____

Name of Spouse/Guardian (If applicable/Circle one) _____ Phone _____

Address _____ City _____ State _____ Zip _____

Contact Information

In an effort to protect your privacy when contacting you I will always identify myself by my name only and not by my position as your psychotherapist. That stated:

May I contact you at work if necessary? (Circle One) Y N

May I leave a message on your voicemail? At home? (Circle One) Y N At work? Y N On your cell? Y N

May I email you? Y N

Please comment on any restrictions to the above _____

When contacting you, is it permissible for me to make reference to appointment days/times or to leave a detailed message? Y N

Please comment on any restrictions to the above _____

Emergency Information

In case of emergency, contact:

Name _____ Relationship to client _____

Telephone (Home) _____ (Work) _____ (Cell) _____

Address _____ City _____ State _____ Zip _____

Medical Information

Physician name _____ Phone _____

Psychiatrist name _____ Phone _____

Current Medications _____

Allergies _____

Employment Information (If client is a child, use parent's employment)

Place of employment _____ Position _____

Telephone _____ Hours at place of employment _____

Insurance Information

Policy holder's name: _____ Relationship to policy holder: _____

Insurance company: _____ Policy Number: _____

Policy holder's date of birth: _____

Please sign here that you acknowledge that you are responsible for insurance co-pay fees as well as sessions that go over the maximum allotted per year by your insurance company: _____

Payment Information

Person responsible for payment _____

Relationship _____ Telephone _____

Signature of person responsible for payment X _____

Referral Source

How were you referred to me (or by whom)? _____

I am signing below to verify all information provided is true and correct:

Client Signature: _____ Date ____ / ____ / ____

(Parent or guardian should sign if client is under 18 years old)