

## Counseling Services - Client Information Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: ☐ Male ☐ Female ☐ Transgender/Gender Non-Conforming

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Cohabiting Spouse/Partner Name: \_\_\_\_\_

Emergency Contact/Next of Kin: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Referred By: \_\_\_\_\_

### INSURANCE INFORMATION

Primary Insurance: \_\_\_\_\_ ID No.: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ Group No: \_\_\_\_\_

Subscriber's Date of Birth: \_\_\_\_\_ Subscriber's Employer: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ ID No.: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ Group No: \_\_\_\_\_

Subscriber's Date of Birth: \_\_\_\_\_ Subscriber's Employer: \_\_\_\_\_

**ACKNOWLEDGEMENT OF RECEIPT OF TERMS OF SERVICE AND CLIENT STATEMENT OF UNDERSTANDING:** I have read and understand the Client Statement of Understanding and Terms of Service. I agree to the terms of payment and understand the scope of services provided by The Mental Health Concierge - Counseling Services and the program I am utilizing.

INITIALS: \_\_\_\_\_

**ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES:** I understand The Mental Health Concierge - Counseling Services, Notice of Privacy Practices describes the types and uses of disclosure of my protected health information that may occur in my treatment, payment of my bills or in the performance of the behavioral health operations The Mental Health Concierge - Counseling Services. By placing my initials in this section, I acknowledge that a copy of The Mental Health Concierge - Counseling Services Notice of Privacy Practices brochure has been provided to me.

INITIALS: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_