

**Birch Tree Counseling
New Leaf Counseling**

Date _____

Client Name _____ **DOB** _____

Street Address _____ Billing Address _____

City _____ State _____ Zip _____ Tel. # _____ Cell # _____

Occupation _____ Employer _____

Work Address _____ Work Tel. # _____

Home Church _____ Pastor _____

If student

Name of School _____ Town _____

Parent's Employer _____ Work Tel.# _____

Household Members

Name _____ DOB _____ Relationship _____

Name _____ DOB _____ Relationship _____

Name _____ DOB _____ Relationship _____

Name _____ DOB _____ Relationship _____

Medical Information

Physician _____ Tel. # _____

Current medical problems and/or diagnoses _____

Are you currently on any medications? Yes _____ No _____ Date of last physical _____

Please list medications, dosages, and frequency _____

Payment Arrangements

Payments for counseling services are expected at time of service. Please check payment method.

Self-Pay _____ Church Subsidy _____ Medicaid _____ Insurance _____ Other (describe) _____

Insurance Company _____ ID# _____ Co-pay \$ _____

Subscriber _____ DOB _____ Employer _____

Every attempt will be made to utilize appropriate client insurance benefits, but it must be understood that clients are ultimately responsible for their treatment expenses.

What situation brought you to counseling?

Referred by _____

Referral Address _____

Referral City _____ State _____ Zip _____

Referral Tel. # _____

Emergency Contact

What family member or friend should we contact in an emergency?

Name _____ Tel. # _____

Address _____

City _____ State _____ Zip _____

Relationship _____

I give my permission to contact person named above: Signature _____

General Information

Our therapists establish a variety of hours including some evening hours to accommodate the varying needs of our clientele. If appointments are not scheduled, therapists may not be in the office. Therefore, it is very much appreciated if clients give us 24-hour notice for cancellation of an appointment. Notification also makes it possible to offer the time to other clients seeking services. **Other than emergency, the client will be billed for the reserved time without adequate cancellation notice.** (Missed sessions are always the client's responsibility and never reimbursed by insurances.) Please discuss any financial concerns you may have with your therapist.