



CLIENT INFORMATION FORM (please bring this completed form to your first session)

NAME: _____ **DATE OF BIRTH:** _____

Date of First Appt: _____

PHONE: Primary: (c h w) _____ Secondary: (c h w) _____

ok to leave V/T message? Y N PARENT/GUARDIAN NAME (if child): _____

Address: _____ City: _____ ST: _____ Zip: _____

Would you like e-mail reminders 24-hrs prior to your appts? e-mail address: _____

COUNSELING NEEDS: _____

HOW DID YOU HEAR ABOUT ME? _____

Can I thank them for the referral? Yes No Referral Contact info: _____

HEALTH INSURANCE:

Primary: _____ Secondary: _____

Contact Info: _____ Contact Info: _____

Pol. #: _____ Pol. #: _____

Primary Policy Holder 1: _____ Secondary Policy Holder 2: _____

PPH 1's DOB: _____ PPH 2's DOB: _____

PPH1's Ph #: _____ PPH 2's Ph#: _____

Group/Plan Type: _____ Group or Plan Type: _____

Employer: _____ Employer: _____

Deductible: _____ Amt. Met: _____ Deductible: _____ Amt. Met: _____

Copay: _____ Coinsurance: _____ Copay: _____ Coinsurance: _____

MEDICAL CONDITIONS AND MEDICINES: _____

PCM: _____ LOCATION: _____

PHONE: _____ FAX: _____

EMERGENCY CONTACT: _____ PHONE: _____

EAP: Y N

EMPLOYER: _____ EAP CO: _____

Contact Info: _____ Auth #: _____

Auth Dates: _____ Auth Visits: _____

Client Initials and Signature:

____ I am giving permission to contact my emergency contact person in the event of a medical emergency.

____ I have been provided with information, and/or have read, policies relating to the privacy of my health records, and am aware that I may have a copy of this policy to take with me at my request.

____ I have been informed and/or have read the financial policy of Sherry Hubbard, LIMHP/Great Plains Counseling, LLC and am aware that I may have a copy of this policy to take with me at my request.

____ I have been given and/or have read information regarding my treatment/sessions with Sherry Hubbard, LIMHP, MFT, PC, and consent to my treatment. I am aware that I may have a copy of this policy to take with me at my request.

Client: _____ Date: _____

Parent/Legal Guardian: _____ Date: _____