



IDENTIFYING INFORMATION:

Name: _____ Date: _____

Age: _____ Birth: ____/____/____ Sex: ____M ____F

Mobile #: (____) _____ Home #: (____) _____ Work #: (____) _____

Please indicate below which, if any, of these phone numbers that we may text or leave a voicemail at. Unless you consent, your therapist cannot leave a voicemail or text you in the event of a cancellation.

	Voicemail	Text	Leave message with anyone who answers
Home phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Address: _____ - _____

City: _____ State: ____ Zip: _____ - _____

Your Occupation: _____

Employer's Name: _____

Highest level of education completed: Grade School High School College Graduate School

If you currently attend school, give its name and location: _____

Have you had other counseling or psychotherapy? Yes No

From _____ To _____ Approx. # of Sessions _____ Name/Organization: _____

From _____ To _____ Approx. # of Sessions _____ Name/Organization: _____

From _____ To _____ Approx. # of Sessions _____ Name/Organization: _____

Are you taking any medications? Yes No

If yes, list the type of medication, dosage and related diagnosis (reason for taking it)

Client's or Authorized Person's Signature:

I acknowledge The Cottage at 933 provided me with a privacy notice, as required by HIPAA. One facet of this notice outlines the information which can be released to insurance companies in order to process claims.

Initial _____



Crisis and Emergency Situations

You may call your provider, The Cottage at 933, knowing that your therapist is only intermittently available during regular business hours as she is often in session with clients. If you call and reach her voice mail, please leave a message advising of the situation, keeping in mind she may not be able to return your call quickly. If your situation warrants immediate action, **you should immediately call 911 or go to the nearest emergency room or crisis center for help.**

Initial _____