

Counseling Connections

Patient Information

Please fill out the following information form completely and sign.

Patient: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: ____ / ____ / ____ Sex: M F Ethnicity: _____

Home Telephone:(____) _____ Work Telephone:(____) _____

SS# _____ Email: _____

Employer/School: _____

Marital Status: Married Single Divorced Widowed Partner

Emergency Contact _____ Telephone: _____

Health Insurance Information

Primary Insurance: _____

Name of Insurance Holder: _____

Insurance ID Number: _____ Group Number: _____

Present insurance card so copy can be made for file.

Clinical Information

Relevant Medical Conditions (history, current condition, changes in condition):

Medications (dosage, dates of initial prescription, name of prescriber):

Allergies/adverse reactions to treatment:

Primary Care Physician: _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Telephone: (____) _____**

Reasons for seeking counseling today (include prior history of counseling for mental health, alcohol or other drub problems):

Consent Statement

I hereby authorize Counseling Connections to release to my insurance company, or its representatives, any information including the diagnosis and the records of any treatment provided to me during the course of treatment.

I authorize and request that my insurance company pay directly to Counseling Connections the amount due for services. I agree that I will be responsible for all co-pays, deductibles, and non-covered services. I further accept responsibility for verifying my insurance coverage. I understand and agree to a charge of the standard hourly rate should I miss an appointment or fail to cancel prior to 24 hours of the appointment time.

I understand that, in the event of non-payment, for any reason on my part, that counseling Connections may turn the balance over to a collection agency.

Signature _____ **Date** _____

Clinician's Name & Degree: *Omega J. Galliano, MS*

Clinician's Signature *Omega J. Galliano* **Date** _____