MindfulGuidance - Counseling

Client Contact Sheet

Please print legibly

Name (Last): _____ First: _____ MI: _____

Address (Residence): _____

City/Town: _____ State: _____ Zip: _____

Home Telephone: _____ Mobile: _____

OK to leave message? Home: ○ Y ○ N Mobile: ○ Y ○ N

DOB: _____ Age: _____ Email: _____

Relationship Status: ○ Single ○ Poly ○ Domestic Partners ○ Married ○ Divorced ○ Parent ○ Widow/er

Primary Care: _____ Phone: _____

Psychiatrist/NP: _____ Phone: _____

Insurance Info

Complete if you'd like me to call to ascertain benefits and OON coverage.

Name of Insurance Company: _____

Provider Line Phone: _____ ID #: _____ Group #: _____

Name of Primary Insured (Who is this insurance plan under?): _____

Relationship to Client: ○ self ○ partner ○ spouse ○ parent

Payor Information (if not you) - Name: _____ Relationship: _____ Phone: _____

Payor Email: _____

Work

Employer/Group Name: _____ Employment Status: _____

Client's Workplace Employment: ○ Unemployed ○ Full Time ○ Part Time

Work Phone: _____

OK to leave message? ○ Y ○ N

Position/Title: _____

Work Address: _____

_____

Emergency Contact - Name: _____ Phone: _____

Relationship to you: _____ Alt. Phone: _____

The information I have provided is true and accurate.

Signature: _____ Date: _____