



# Psychiatric and Counseling Services

757.229.7927

THERAPIST \_\_\_\_\_  
DATE OPENED \_\_\_\_\_

**CLIENT** \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: H(\_\_\_\_) \_\_\_\_\_ W(\_\_\_\_) \_\_\_\_\_  
DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
Employer or School: \_\_\_\_\_

**SPOUSE** \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: H(\_\_\_\_) \_\_\_\_\_ W(\_\_\_\_) \_\_\_\_\_  
DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
Employer or School: \_\_\_\_\_

Circle One: Single Married Divorced Separated Widowed

**IF TIME PERMITS AND WE ARE ABLE TO CONFIRM APPOINTMENTS, DO YOU WISH TO BE CALLED? ( ) YES/AT PHONE #: \_\_\_\_\_ / ( ) NO**

REFERRED BY: \_\_\_\_\_ CLIENT'S DOCTOR: \_\_\_\_\_

**EMERGENCY CONTACT NAME \_\_\_\_\_ PHONE \_\_\_\_\_**

**IF CLIENT IS A DEPENDENT, PLEASE GIVE THE FOLLOWING INFORMATION:**

**FATHER/GUARDIAN** \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: H(\_\_\_\_) \_\_\_\_\_ W(\_\_\_\_) \_\_\_\_\_  
DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
Employer or School: \_\_\_\_\_ Marital Status: \_\_\_\_\_

**MOTHER/GUARDIAN** \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: H(\_\_\_\_) \_\_\_\_\_ W(\_\_\_\_) \_\_\_\_\_  
DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
Employer or School: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Other children and/or Other people in household	Relationship To Client	DOB	Grade/School Occupation

## INSURANCE INFORMATION

Primary Insurance: \_\_\_\_\_  
Secondary Insurance: \_\_\_\_\_

Insured's Name: \_\_\_\_\_  
Insured's Name: \_\_\_\_\_

We will be making a copy of your insurance card(s) or military ID. Please provide us with any important information not on your card. Please note that if you have a change in your insurance coverage, it is your responsibility to advise us of this change immediately for billing purposes; otherwise, you will be responsible for the payment of services.