CLIENT INFORMATION **Date**____________

Client Name	Sex M _____ F _____	Date of Birth	Employed Unemployed Retired Other: ___________
Address	City	State	Zip Code

How do you want to be reminded of appointments? (Circle One) Phone Call Text

Okay to leave message **Yes** **No**

Home Phone:	**Cell Phone:**
Email:	**Social Security #:**

Marital Status: (Circle One) Single Married Partnered Separated Divorced Widowed

How did you hear about The Counseling Group? Internet Friend Employer Dr Other

RESPONSIBLE PARTY (Person who will pay the fees if different from Client)

Responsible Party's Name	Relationship to Client: Circle One Parent Spouse/Partner Other	
Address if different from Client	City	State Zip Code
Phone Number	SS#	Email

________**EAP (Employee Assistance Program)**

Name of Company:	
Name of Employee	**Relationship to Client:** **Self Parent Spouse/Partner Other**

INSURANCE INFORMATION

Primary Insurance	Secondary Insurance
Subscriber Name Date of Birth	Subscriber Name Date of Birth
Patient's Relationship to Insured: (Circle One) Spouse Partner Child Self	Patient's Relationship to Insured: (Circle One) Spouse Partner Child Self
Subscriber ID # Group ID #	Subscriber ID # Group ID #
Subscriber Social Security #	Subscriber Social Security #

THERAPIST______________________

CLIENT INFORMATION FOR COUNSELOR

Date_____________

Client Name: ________________________________ Age: __________

Primary Care Physician Name:
Medications:
Education Level:
Employer Name: ___________________________ Occupation: ____
Marital Status: Single Married Partnered Separated Widowed (Circle One) Divorced
Who lives in the Household:
Have you been seen by a Counselor before? Yes No
If Client is a Minor, Who is Parent/Legal Guardian? Name: _______________________________ Relationship: ____________________

Acknowledgement and Acceptance

Client Name: ____

Please **INITIAL** each statement below and sign in the space provided to affirm your acceptance of the following items:

____ I have read the attached ***Agreement for Services*** and I agree to its Terms

____ I have read the ***Failed Appointment Policy*** and I agree to its Terms

____ I have read the attached ***Telehealth Consent Form*** and I agree to its Terms

____ I have been provided with ***the Professional Disclosure Statement*** of my counselor

____ I acknowledge receipt of the ***HIPAA Notice*** form

____ I acknowledge receipt of the ***Surprise Billing Protection*** Form

____ ______________

Signature of Client (Parent or Guardian if client is a minor) Date

____

Printed Name

____ ______________

Signature of Client (Minors 13-17 years of age) Date

____

Printed Name

CREDIT CARD AUTHORIZATION FORM

I, ______________________, authorize The Counseling Group, PA to charge the following credit card, debit card, flexible spending card, or health savings account for:

- Counseling Sessions
- Report/Paperwork Requests
- Late Cancellations/No Show
- Group Sessions

Name on Card: ____

Card Number: ____________________________________ Exp. Date: ______ / ________
Month *Year*

Security Code: _________ Billing Zip Code: ____________

Card Type (Check One): ☐ Master Card ☐ Visa ☐ Discover ☐ American Express

Client Name (if different than card holder): ________________________________
Relationship to Client: ____________________________________

By signing below, I certify that my above information is true, accurate, and that I am an authorized user on the account. I authorize The Counseling Group, PA to keep my credit card information on file and to charge any fees that are my responsibility. The Counseling Group agrees to only charge for services rendered or for late cancellation/no show fees. I understand that if I need to change the card information in the future, I will need to alert office staff. I understand that this release is valid when I sign it, and I may withdraw my consent to this release at any time, either verbally or in writing.

Printed Name of Cardholder: ________________________

Signature: _________________________________ Date: ________________

Email Address: ____