REDEMPTION COUNSELING

NEW CLIENT INTAKE/INSURANCE FORM

How were you referred?: _____ **Requested Therapist:** Tim Deb Either

Reason for Counseling: _____

How long have you been struggling with your current condition? _____

Which of the following describe or relate to your present concerns (Please check):

o Anger issues	o Religious doubts	o Relationship with:	o Loss of:
o Appetite changes	o Legal issues	o Partner	o Self-respect
o Anxiety	o Finances	o Parents	o Faith
o Frequent crying	o Vocational/career issues	o Children	o Meaning
o Binging/Purging	o Physical health	o Others	o Love
o Alcohol/Drugs	o Self esteem		o Abuse Issues:
o Loneliness	o Poor appetite		o Physical
o Self-doubt	o Sleep disturbance		o Sexual
o Guilt	o Hopelessness		o Emotional
o Sexual concerns	o Weight loss/gain		
o Fear	o Mid-life issues		
o Grief	o Other Issues		
o Suicidal feelings			

KEY CLIENT INFORMATION

NAME: _____ DOB_____AGE_____
(Last) (First) (MI) GENDER: M F

MARITAL STATUS: Married Remarried Single Divorced

ADDRESS: _____
(Street) (Apt #) (City) (State) (Zip Code)

PHONE: (CELL) _____ (HM) _____ (WK)_____

MAY CONTACT: YES or NO YES or NO YES or NO

LEAVE MESSAGE: YES or NO YES or NO YES or NO

eMail where you would like to receive appointment reminders: _____

INSURANCE OR SELF PAY:

1ST INSURANCE CARRIER: _____PRIMARY INSURED PARTY: _____ DOB: _____

INS. # with 3 letters included #: _____ GROUP #: _____

PRIMARY INSURED PHONE # _____ EMPLOYER: _____

INSURANCE PHONE #: _____ SECONDARY INSURANCE? IF SO, WHOM? _____

OFFICE USE: ALLOWED VISITS YEARLY: _____ DEDUCTIBLE: _____ COPAY: _____ PRE-AUTH NEEDED: _____

NEXT STEPS

Please SAVE this form with a unique name and email to Deb@RedemptionCounseling.net and we will review your insurance and contact you to schedule an intake appointment. For your first appointment please bring your insurance card, driver's license and the completed CLIENT WELCOME PACK which can be found at RedemptionCounseling.net. If you don't have access to a computer, we have welcome packets available in our office lobby in the top of the magazine rack. Please come 30 minutes early to complete these prior to your first session. **DESIRED TIMES FOR COUNSELING**: (AM, AFTERNOON, PM) _____DAY: _____