

SHENA TUBBS, M.MFT, LPC

Today's date _____

Client Information

How many people will be seeing the therapist today? _____ Please fill out the following for each person. You may use the back of this sheet if necessary.

1. Name: _____ Date of birth: _____

Address/Zip: _____

Contact number: _____ (check if okay to leave message) ___

Alternate number: _____ (check if okay to leave message) ___

Email: _____ (check if okay to email) ___

If Client is a minor (less than 18 years of age)

Responsible party and relationship to client _____

Responsible party address (if different from client) _____

Contact number: _____ (check if okay to leave message) ___

Alternate number: _____ (check if okay to leave message) ___

Email: _____ (check if okay to email) ___

Is a copy of divorce decree with custody information on file? ___yes ___no ___NA

2. Name: _____ Date of birth: _____

Address/Zip: _____

Contact number: _____ (check if okay to leave message) ___

Alternate number: _____ (check if okay to leave message) ___

Email: _____ (check if okay to email) ___

If Client is a minor (less than 18 years of age)

Responsible party and relationship to client _____

Responsible party address (if different from client) _____

Contact number: _____ (check if okay to leave message) ___

Alternate number: _____ (check if okay to leave message) ___

Email: _____ (check if okay to email) ___

Is a copy of divorce decree with custody information on file? ___yes ___no ___NA

Additional Information

Emergency contact name and number: _____

How did you hear about us? _____

If referral is a physician:

Name: _____

Address: _____

Phone number: _____ Permission to contact? _____

Information about fees and insurance

I understand that my provider today is out-of-network and I must pay my fee in full by cash, check, or credit card. As a courtesy I will be given information by my therapist so that I may file with my insurance company for reimbursement of these fees.

Signature of Client or Responsible Party