

Client Registration

Name: _____ Date of Birth: _____

Home Address: _____

Preferred Phone: _____ Alternate Phone: _____

Is it OK to leave a message for you: _____ If not, how would you prefer to be contacted?

Email Address: _____

Spouse/Partner's Name: _____ Date of Birth: _____

Children's names and ages: _____

Emergency Contact: _____ Phone: _____

What are your goals for our work together?

Previous therapy experience: Yes ___ No ___ Was it helpful? _____

Medical: Please list any psychiatric medications you are currently taking _____

Psychiatrist: _____

Current medical issues: _____

Primary Care Physician: _____

Insurance

Ms. Bauerle is a preferred provider for most insurance plans, however, each client is responsible to verify insurance coverage and for payment of any unpaid balance. Copayments and deductibles are due at the time of session. If Ms. Bauerle is not a preferred provider on your plan, you will be asked to pay in full at the session (Ms. Bauerle will provide you with an invoice to submit for reimbursement from your insurance provider).

Payment Information/Guardianship Information

Full Name of Responsible Party or Guardian: _____

Address (if different from page 1): _____

Preferred Phone: _____ Alternate Phone: _____

Insurance Company (if applicable): _____

Relationship of Insurance Holder to Client: _____ Plan Name _____

Insurance Co. Phone Number: _____

ID#: _____ Group#: _____

Confirmation & Authorization to Bill Insurance:

I request that payment under my Medicare or other insurance program be made to **Vantage Point Counseling** for counseling services. I authorize the release to my insurance company of any information (which may include diagnosis, notes to determine medical necessity of treatment, quality of care, treatment summaries, or to request additional sessions) necessary to process insurance or EAP claims. I understand that I am financially responsible for all charges owed for services provided by Amber Bauerle, LICSW of Vantage Point Counseling.

Client Signature: _____