WHITE OAK Counseling and Recovery

CLIENT CONTACT INFORMATION

Today's Date:_____ Appointment Date:_____ Time:_____

CLIENT(S) LEGAL NAME:_____ DOB:_____
Spouse/Significant Other:_____ DOB:_____
Father's name:_____ DOB:_____
Mother's Name:_____ DOB:_____
Responsible Party: ☐ **Client stated above OR** ☐_____ **Phone:**_____
Address:_____ City:_____ ST:_____ Zip:_____
Phone: Home:_____ (Leave message? ☐ Yes ☐ No)
Work:_____ (Leave message? ☐ Yes ☐ No)
Cell:_____ (Leave message? ☐ Yes ☐ No)
Email address:_____
DO WE HAVE YOUR PERMISSION: ☐ Email reminders ☐ Text reminders OR ☐ Both (email & text) ☐ Newsletter by email
Referred by:_____
May we acknowledge your referral? ☐ Yes ☐ No Client's Gender: ☐ Male ☐ Female
Brief reason for appointment:_____

☐ Self Pay (Full rate $_____ per hour)
☐ Self Pay with Sliding Fee (Rate $_____ per hour)
☐ Alcohol Assessment – (Cash or Credit Card only)
☐ **INSURANCE**: _____
☐ P. Health Medicaid – need authorization # or can't be seen
Name of insured: _____
Insured DOB: _____
Contract ID#: _____
Group #: _____
Employer: _____

☐ **EAP**:_____
EAP Authorization #:_____
Number of EAP Sessions:_____
Effective dates: from_____ to _____
EAP Notes: _____
_____
_____
EAP Phone #: _____

☐ **In-Network Benefits for Outpatient Psychotherapy**
☐ **Out-of-Network (ONI)**
Effective date:_____ Renew month:_____
Deductible: Indiv. $_____ Ded. met? ☐ Yes ☐ No
Deductible: Family $_____ Ded. met? ☐ Yes ☐ No
Balance met: Indiv. $_____ Family:$_____
Deductible doesn't apply: ☐ Waived
Co-pay:$_____ Visit Limitation:_____
Credentials accepted: ☐ PhD ☐ LMSW ☐ Supervision ☐ MA
Information verified by: _____ Date:_____

☐ Secondary Insurance (attach 2nd page):_____
Claims Address:
_____
_____
_____
☐ Admin informed client of Insurance Benefits before initial session
NOTES:

Information taken over phone by: _____ ☐ New Client ☐ Returning Client – last seen on :_____
Insurance looked up by: _____ Put in Therapy Notes by:_____ Client Intake Forms: ☐ Come early ☐ Website ☐ Mailed

Assigned to Clinician:
_____

Possible treatments:
☐ **EMDR**
☐ **LENS**