CURRENT SITUATION:

Presenting Problem (give a brief history of problem, including when it first occurred and prior attempts at a solution):

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_____

PREVIOUS THERAPIST: _____ _____ _____
from to

PREVIOUS THERAPIST: _____ _____ _____
from to

Emergency Contact: _____ _____
Name Relationship

_____ _____
Phone Number email address

If you have insurance to help you pay for therapy, complete the following questions.

Name of Insurance _____

Name of Insured _____ Employer _____

Group # _____ ID# _____

Insurance Phone # _____

Referred by: _____