

**AMY M. CHILDERS COUNSELING, LLC**

**CLIENT INFORMATION:**

Client Name: \_\_\_\_\_ Female \_\_\_ Male \_\_\_  
                             First                            Middle                            Last

Address: \_\_\_\_\_  
                             Street  City  State  Zip

Phone Number(s) to reach you: \_\_\_\_\_ May I leave a message? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Who referred you here? \_\_\_\_\_ May I send them a thank you letter? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone number(s) \_\_\_\_\_

**FOR MINORS:**      In case of divorce, copy of decree is needed for files

Mother's Name \_\_\_\_\_

Address & Phone (if different) \_\_\_\_\_

Father's Name \_\_\_\_\_

Address & Phone (if different) \_\_\_\_\_

**INSURANCE INFORMATION:**

Insurance Name: \_\_\_\_\_

I.D./Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Name of Primary insurance holder: \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**INFORMED CONSENT TO RECEIVE MENTAL HEALTH TREATMENT:**

I, \_\_\_\_\_ hereby voluntarily consent to, and authorize Amy M. Childers Counseling, LLC to render mental health treatment to myself and/or minor child. The treatment plan and/or form of treatment to occur will be discussed with me. I understand that I can, at any time, withdraw my consent in writing.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Therapist

\_\_\_\_\_  
Date