

### Client Information Form

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ May we call \_\_\_ text \_\_\_ you there?

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Employment \_\_\_\_\_ Work# \_\_\_\_\_ May we call you there? \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

Physician's Name \_\_\_\_\_ Date of last physical exam \_\_\_\_\_

Please list all medications you take and the prescribing physician: \_\_\_\_\_

\_\_\_\_\_

Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Spouse's name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Employment \_\_\_\_\_

Cell \_\_\_\_\_ Work # \_\_\_\_\_ May we call these numbers? \_\_\_\_\_

Names and ages of children: \_\_\_\_\_

*Name* *Age* *Name* *Age*

*Name* *Age* *Name* *Age* *Name* *Age*

Names, ages & a brief recent history of siblings: (marital status, work, etc.)

Name \_\_\_\_\_ Age \_\_\_\_\_ Recent History \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Recent History \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Recent History \_\_\_\_\_

In case of emergency, please contact \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship to you \_\_\_\_\_

If you will be seeking reimbursement from your Insurance Company, please complete and sign below. I authorize Larry M. Shrier Counseling Office to release clinical information requested by my Insurance Company, \_\_\_\_\_  
\_\_\_\_\_ to process my insurance claims.

Sign \_\_\_\_\_ Date \_\_\_\_\_

## **For Your Information**

**Welcome to our office!** In an effort to serve you more comfortably and to establish a trusting relationship, I have found that an understanding of my policies prior to your first session will provide answers to many of your questions.

**Confidentiality:** I am committed to keep anything you say to me confidential. The basis and heart of our work together involves establishing a trusting and safe relationship. The State of Florida also protects your rights to have our conversations considered privileged but the law does not allow and sometimes requires the following exceptions: (a) You direct me to inform an insurance company, physician, another therapist or individual about your counseling. (b) If you are a threat to yourself or others, (c) the mandatory reporting of child or elder abuse and (d) by a Judge's order.

**Office Hours:** I am available to see clients Monday through Wednesday from 8 AM to 6 PM. On June 12th, 2019 I will be retiring after over 30 years and looking forward to my next adventure. As we get closer to that date, availability and continuity are strong considerations. I am happy to discuss this with you prior to your initial appointment.

**Cancelled Appointments:** If it is necessary to cancel an appointment, please do so 24 hours prior to your scheduled appointment. This allows us to fill your reserved time with another client. The regular hourly fee will be charged to your account if we don't receive advanced notice (of course this does not include illness or other unavoidable life situations).

**Telephone Calls:** Administrative calls will be returned between 9 and 5, Monday through Friday. All calls directed to me will be returned either during the lunch break or after 6 PM. Lengthy telephone calls, consultations and correspondence will be billed at the regular hourly counseling rate.

**Fees:** The counseling fee of \$250 is based on a 50-minute session.

**Insurance:** As a courtesy we will file your claims for you monthly. Most health insurance policies will reimburse clients for our services, but some do not. Be aware that insurance companies require me to provide a diagnosis code and treatment plan for our services to be covered. All have different deductibles and pay different percentages of the counseling fee. You should contact a representative from your insurance company to determine the specific coverage of your policy. We cannot guarantee your reimbursement. If you wish to seek reimbursement on your own you can file by attaching the super-bill receipt to the bottom portion of your claim form.

If you have any questions concerning any of these policies please let me know. Throughout our process and work together we are establishing a collaborative relationship. Your input and involvement is not only invited but it is essential.

***Please sign stating that you have read and understand my office policies:***

Sign \_\_\_\_\_ Date \_\_\_\_\_