



Veronica Wolf Counseling, LLC
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Client Update Information

Client Name: _____

Date of Birth: _____ Age: _____ Client Code: _____ (Office Use Only)

Phone #: _____ Okay to leave voicemail? Text?

Address: _____

 Would you like to sign up for a quarterly e-newsletter delivered to your email?
 Yes No

Email: _____

Emergency Contacts

Contact Name: _____

Relationship: _____ Phone #: _____

Address: _____

Email: _____

Contact Name: _____

Relationship: _____ Phone #: _____

Address: _____

Email: _____

Current Medications:

Name of Med	Dosage	Frequency	Start Date	Reason for Use

Primary Care Physician: _____

Phone #: _____

Current Psychiatrist: _____

Phone #: _____

Would you like Veronica Wolf Counseling, LLC to file insurance claims for services provided: Yes No

Primary Insurance Company: _____

Policy Number: _____ Group Number: _____

Policy Holder Full Name: _____ DOB: _____

Relationship to Client: _____

Secondary Insurance Company: _____

Policy Number: _____ Group Number: _____

Policy Holder Full Name: _____ DOB: _____

Relationship to Client: _____

****Please Attach a Copy of Your Insurance Card(s)****

I attest to the accuracy of the information on this form to the best of my knowledge and understand it will be used by Veronica Wolf Counseling, LLC for the purposes related to my treatment.

Printed Client Name

Printed Guardian Name

Signature

Date

Signature

Date

Checklist of Concerns: mark all that apply

Abortion
Aging
Alcohol or Drug Abuse/Addiction
Anger
Anxiety
Attachment
Bipolar Disorder
Body Image
Career Choices
Codependency
Concentration
Communication Difficulties
Compulsiveness
Cultural Adjustment/Differences
Decision Making
Depression
Discrimination
Divorce/Breakup/Separation
Dual Diagnosis
Eating Disorders
Emotional Abuse
Emotional Disturbance
Family Relationship Issues
Family Planning
Fear of Failure
Feeling Scared
Fertility Issues
Friendship Issues
Gambling Addiction
Grief/Loss
Guilt
Hallucinations
Homicidal Thoughts
Identity
Impulsiveness
Infidelity

Irritability
Isolation
Lack of Personal Boundaries
LGBT Related Issues
Life Transition
Loneliness
Mania
Mood Swings
Motherhood
Oppression
Paranoia
Parenting
Perfectionism
Physical Abuse
Postpartum Depression
Pregnancy
Prenatal Issues
Psychosis
Role Conflict
Romantic Relationship Issues
Self-Harming Behaviors
Self-Esteem
Sexuality
Sexual Abuse/Assault
Sexual Harassment
Sleep Problems
Stress
Suicidal Thoughts
Trauma
Unplanned Pregnancy
Unresolved Childhood Issues
Weight Concerns
Women's Issues
Work/Career Issues
Other:
Other:
Other:

Please explain any checked boxes:
