Arches Counseling and Trauma Treatment

Hillary Holmes, LICSW
10 Pearl St
Essex Jct, VT 05452
phone 802-881-1151
fax 802-879-4862

client name:		date of birth:	
mail address:		street address:	
city, state, zip:			
Circle preferred contact method(s).	Okay to text?	Okay to leave msg?	physician:
phone:			psychiatrist:
alternate phone:			other important health care providers:
alternate phone:			
email:			
gender:			
ethnic background:			critical health information:
emergency contact person:			
emergency contact phone:			

primary health insurance:	secondary health insurance:
ins co name:	ins co name:
group #:	group #:
id #:	id #:
subscriber name:	subscriber name:
subscriber dob:	subscriber dob:
If the person responsible for the bill is other than the client, please complete the following:	
name:	phone:
city, state, zip:	

experience with yoga or other important info:

Missed and Cancelled appointments: I understand that there will be a $50 charge for appointments that are missed or cancelled with less than 24 hours notice.

client/guardian signature: _____ date: _____

Assignment and Release: I hereby authorize my insurance benefits to be paid directly to Hillary Holmes, LICSW, and acknowledge that I am financially responsible for any unpaid balance. I also authorize the release of information needed to verify the medical necessity for my evaluation and treatment to my insurance.

client/guardian signature: _____ date: _____