

# 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:			medications:
ethnic background:			
emergency contact person:			
emergency contact phone:			
other important info:			critical health information:
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:			
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: _____			