



1400 Buford Hwy NE C1 | Sugar Hill Ga, 30518 | Phone (470) 326-5455

Send Completed PDF Form To Email: [info@justhealcounseling.com](mailto:info@justhealcounseling.com)

Appointments are usually granted within 2-4 business days

<b>CLIENT: First Name:</b> _____ <b>Last Name:</b> _____ <b>DOB:</b> _____			
<b>If minor, CAREGIVER/PARENT: First Name:</b> _____ <b>Last Name:</b> _____			
<b>Street Address:</b> _____		<b>City:</b> _____	<b>State: GA Zip:</b> _____
<b>Primary Contact #:</b> _____		<b>Secondary Contact #:</b> _____	
<b>Email Address:</b> _____		<b>Therapy Sessions:</b> In-Office      Tele-Health	
<small>I Consent Permission for Just Heal Counseling to Contact via email to send PHI. I also understand that even with consent, emailing ePHI using an unencrypted email platform is taking a risk.</small>			
<b>Would you like to receive our Monthly Newsletters?</b> Yes Please      No Thanks			
<b>Insurance Company Name</b> _____		<b>Member's ID Number:</b> _____	
<b>PLAN CODE:</b> _____		<b>Provider Relations 1-800 # on back of card:</b> _____	
<b>Name of the primary insurance holder (subscriber):</b> _____		<b>DOB:</b> _____	
<b>Do you wish to use EAP? If so, who is the Program Administrator (if different from above):</b> _____			
<b>Authorization #:</b> _____		<b># Sessions:</b> _____	<b>Effective Dates:</b> _____
<b>Is your behavioral health benefit offered through a third-party provider. (ex. Optum, Health Advocate Solutions, etc)</b>			
Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Name of Provider:</b> _____			
<b>Provider Services Contact Phone Number :</b> _____			
<b>When submitting this form, please include a copy of the front and back of your insurance card. Thank you!</b>			
<b>What brings you into Therapy?</b> _____			
<b>How or where did you hear about Just Heal?</b> _____			
<b>Therapist Preferred:</b> Shamika B.Packer      Maggy Simpson      Delancey Fortin      Kate C. Daisie			
Johanna Schrengost      Melissa S. Lowe      Dymond Anderson      Intern			
<b>What are your preferred pronouns:</b> _____			
<b>What are your preferred names:</b> _____			
<small>Just Heal Counseling has a deep commitment to promoting inclusion and the affirmation of diverse identities. Our staff places a high value on the dignity and worth of all people. We embrace the richness brought by identities and expressions at the intersections of ethnicity, race, nationality, sexual/affectional orientation, gender, size, age, physical and mental abilities, religion/spirituality, socioeconomic status, and immigration status. In this spirit, we strive to foster cultural humility through ongoing training and professional development. We aim to promote the mental health and well-being of our diverse clients in order to foster a healthy healing community.</small>			