

BACKGROUND INFORMATION

NAME

Last _____ **First** _____ **Middle** _____

HOME ADDRESS

HOME PHONE _____ **WORK PHONE** _____ **CELL PHONE** _____ **EMAIL ADDRESS** _____

AGE _____ **BIRTHDATE** mo ____ day ____ yr ____ **SEX** Male Female **VETERAN** Yes No

EMPLOYMENT HISTORY:
OCCUPATION: _____ (circle one) **RETIRED/PRESENTLY EMPLOYED**
Full-Time/Part Time

NOTIFY IN CASE OF EMERGENCY
Name _____ **Address** _____ **Phone** _____

NAME OF LEGAL GUARDIAN (if applicable)
Name _____ **Address** _____ **Phone** _____

REFERRED BY: _____

FAMILY HISTORY

MARITAL STATUS: _____

CHILDREN **AGE** **LOCATION; CITY/STATE**
1. _____
2. _____
3. _____
4. _____

ANYONE ELSE IS IN THE HOUSEHOLD? _____

HEALTH INFORMATION

PRIMARY CARE PHYSICIAN _____ **Address** _____ **Phone** _____

WHAT MEDICATIONS ARE YOU CURRENTLY TAKING? LIST ANY DRUG ALLERGIES OR SENSITIVITIES

INSURANCE INFORMATION

PRIMARY INSURANCE **POLICYHOLDER'S Name/Birthdate** _____ **GROUP #** _____ **POLICY #** _____

SECONDARY INSURANCE **POLICYHOLDER'S Name/Birthdate** _____ **GROUP #** _____ **POLICY #** _____

I authorize Rebecka Van Heden, LCSW of Mindful Counseling and Wellness LLC to release any information necessary to expedite insurance claims; I understand that I am responsible for all charges regardless of insurance coverage.

Client, Parent or Guardian: _____ **Date:** _____

Insured (if different than above): _____ **Date:** _____