Naperville Aurora Counseling Center

Plainfield Counseling Center

24012 W. Renwick Rd, Unit 204
Plainfield, IL 60544
815-676-4688
Plainfieldcounselingcenter.com

3909 75th St, Unit 101
Aurora, IL 60504

Demographic Information and Symptom Checklist

Name:_____ Sex: _____ Birth Date: _____Age: _____

Address: _____

Home Phone: _____ ☐ Ok to leave message

Cell Phone: _____ ☐ Ok to leave message/text

Work Phone: _____ ☐ Ok to leave message

Email: _____ ☐ Ok to send message/account statement

Emergency contact name: _____ Phone: _____

What would you like help with:_____

_____

How were you referred to us:_____

Who is your psychiatrist/primary care doctor/pediatrician: _____

Please check any of the following that apply:

__Feeling sad/depressed
__Low energy
__Problems sleeping
__Feeling anxious/nervous
__Easily frustrated
__Feeling overwhelmed
__Thoughts to hurt others
__Excessive energy
__Relationship problems
__Recent family changes
__Obsessive thoughts
__Low self-esteem
__Panic attack
__Phobias
__Losing track of time
__Problems at school

__Weight change
__Thoughts of suicide
__Change in eating
__Not enjoying activities
__Irritable
__Feeling guilty
__Feeling lonely
__Excessive fear
__Being over active
__Drug use
__Excessive alcohol use
__Feeling worthless
__Stressed
__Fear of going crazy
__Recent loss
__Problematic Anger

__Doing activities over and over
__Unable to get rid of thoughts
__Feeling hopeless
__Withdrawing/Isolating
__Feeling restless
__Thoughts to hurt yourself
__Temper/Aggression
__Difficulty concentrating
__Less interest in activities
__Suicide attempt
__Physical/Emotional/Sexual abuse
__Guilt
__Fear of dying
__Not thinking clearly/confusion
__Medical condition
__Other:_____

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Client Insurance Information Form

To help ensure that the therapy and psychological testing process is not interrupted by insurance issues, we ask that you briefly contact your insurance company. This is essential because mental health benefits can be significantly different than your medical benefits and may even be through a different insurance company. You being knowledgeable about your mental health coverage will allow you to maximize your insurance benefits and prevent billing problems. **Please bring this completed form to your first appointment**.

Name of insurance company _____

Type of plan: PPO HMO OTHER_____

Member name on card _____

Member ID_____ Group No. _____

Name and date of birth of client being seen_____

For your convenience we have provided a basic script for obtaining the information from your insurance company:

Please call the customer service number on the back of the card. Follow the prompts or press "0" to speak with a customer advocate. Once you reach a customer advocate, state you are calling to check your mental health/behavioral health benefits, ask the questions listed below, and record their responses:

Is my plan currently active?: Yes ☐ No ☐

Do I have mental health benefits?: Yes ☐ No ☐

Does (insert your insurance company name) provide my mental health benefits? Yes ☐ No ☐

-If no, please ask the name of the company that does, as well as their number.

-_____

Do I need pre-approval for outpatient (private practice) mental health services?: Yes ☐ No ☐

Is there a limit to my mental health services? (# of sessions per year? Or lifetime?)

_____

Do I have a copay?: Yes ☐ No ☐

-If yes, what is the copay for an office visit to a mental health provider? $_____

Do I have a deductible?: Yes ☐ No ☐

- If yes, what is my individual deductible? $ _____ Family deductible? $_____
- For the current year, how close am I to meeting my deductible? $_____out of $_____

Thank you for obtaining this information **prior to your first session**. Please bring this completed form and the new client paperwork form to your first session. Also, please remember to **bring your ID and insurance card**. Feel free to contact us with any questions.