

New Concepts Counseling LLC
435 West Bell St. Suite D
Sequim, WA 98382
cathy@mhcounseling.hush.com
360-808-9620

Date: _____

Full Name: _____

D.O.B. _____ Male ___ Female ___ Transgender ___ Intersex ___

Social Security Number: _____

Home Address: _____ City State, Zip: _____

Mailing Address (if different): _____

Home phone: _____ Cell phone: _____ is it ok to leave a message? ___ Y ___ N

Emergency Contact Name: _____ Relationship: _____

Phone Number: _____ Address: _____

Is this client a child under 13: ___ no ___ yes- Responsible Party: _____

Relationship: _____ Address: _____

School: _____ Grade: _____

Who referred you? _____

Do you have a Primary Doctor? ___ Name: _____

Are you a military Veteran? ___ What Branch? _____ Type of Discharge: _____

What mental health issue(s) you are seeking services for: _____

Is the person seeking services in need of crisis services today? _____ Has the person seeking services

been hospitalized in the past 6 months for mental health concerns? _____:

where: _____.

Funding Sources: _____

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_____ Medicaid (Provider One) _____ Insurance Company: _____

ID# _____

Group # _____ Insurance Phone # _____

Policy Holder: _____ Relationship: _____

Address of Policy Holder: _____

_____ Private Pay