**Please Type Directly on This Form**

|  |  |  |
| --- | --- | --- |
| Individual  Child  Couple  Family  Consultation | Today’s Date |  |

**Client Information** (fill in 2nd name if couple)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | | | | |
| Address | |  | | | |
| City, State, Zip | | | |  | |
| Cell phone | | |  | | |
| Work/home phone | | | | |  |
| Email Address | | | |  | |
| Birth date | | |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | | | |
| Address | |  | | | | |
| City, State, Zip | | | | |  | |
| Cell phone | | |  | | | |
| Work/home phone | | | | | |  |
| Email Address | | | | |  | |
| Birth date | | | |  | | |

**Financially Responsible Party** (if other than client)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | | | Relationship to client | |  |
| Address | | |  | | | | | |
| City, State, Zip | | | |  | | | | |
| Cell phone | |  | | | Work/home phone | |  | |
| Email Address | | | |  | | | | |

**Other Information**

|  |  |
| --- | --- |
| Household annual income *(to determine fee)* | $ |

**Insurance Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Insurance Name |  | | Group Number | |  |
| Insured Name |  | | Insured DOB | |  |
| Relationship to Insured | |  | ID Number |  | |

**How were you referred to us?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Therapist/Psychiatrist: | | |  | | Medical Professional: | | |  | |
| School/University: |  | | | | | Other: |  | | |
| Womencare Client | | Email | | Internet Search | | Psychology Today | | | Yelp/Google listing |

I confirm that the above information is accurate.

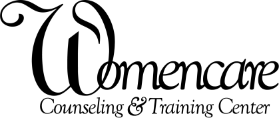
|  |  |  |
| --- | --- | --- |
|  |  |  |

# Client signature Date

|  |  |  |
| --- | --- | --- |
|  |  |  |

*Client signature Date*

|  |  |  |
| --- | --- | --- |
| ***For Office Use Only*** | | |
| **Provider** | **First Session Date** | **Fee** |
| **New Client Returning Client New Modality New Therapist** | | |



1740 Ridge Avenue, Suite 201, Evanston, IL 60201

|  |  |
| --- | --- |
| QB |  |
| Excel |  |

(847) 475-7003 womencarecounseling.com