

4614 California Street San Francisco, CA 94118
415.379.4591 • 4614california.com

Personal Information

Name _____ Age _____ Birthdate _____
Phone: home () _____ work () _____ cell () _____
Address _____ City/State _____ zip _____

Family Information

Single ___ Married ___ Partnership ___ Divorced ___ Other ___
Do you have children? Yes ___ No ___ Ages _____

Employment / Insurance

Employer _____ How long? _____
Type of work you do _____
Will you use insurance to help pay for counseling? Yes ___ No ___
Name of health insurance plan: _____

Medical Information

Are you currently under a physician's care? No ___ Yes ___ Name _____
Currently using medication? Yes ___ No ___ Please list medications: _____

Have you seen a counselor in the past? Yes ___ No ___
When? _____ For _____
Who referred you? _____

Emergency Contact

Emergency contact person's name _____
Contact's phone: home () _____ work () _____ cell () _____

for office use only:

[Therapist _____ First session date _____]

Please go to next page, read and sign ==>

INFORMATION FOR NEW CLIENTS

Confidentiality: what you talk about in therapy is confidential and protected by law. Your therapist respects your right to privacy; it is important to have a safe environment to work in. But there are three times when the law would require us to disclose confidential information without your written permission:

- If there is a reasonable suspicion of child or elder abuse
- If there is a reasonable suspicion that you present a danger of harming someone else
- If it appears likely that you will harm yourself.

Cancellations: since your appointment time is reserved specifically for you, and canceling or rescheduling means that the time is not available for anyone else, therefore, we require a minimum of **24 hours' notice** or you will be charged for the missed session. You would be responsible for the full amount usually billed to insurance.

Payment: *All checks should be made payable to* " _____ "

- Payment of the fee is expected at the time of service unless you make special arrangements with your therapist. Sessions are normally once a week and 50 minutes long.
- If you plan to use your health insurance to help pay for counseling, it is your responsibility to discuss the details with your therapist and provide any necessary forms and information.
- There is a \$25 service fee for any checks returned by the bank.

Please read and initial the following statements:

_____ For insurance billing, I authorize the release of any medical or other information necessary to process this claim.

_____ I authorize payment of medical benefits for mental health services provided by _____

_____ I agree to the fee of \$ _____ per session.

_____ I have read the information on this page and agree to the stated conditions.

Signature _____ Date _____