**Today's Date:**

**Name, Gender, Age, and Date of Birth:**

**Spouse/Partner's Name:**

**Social Security Number(s):**

**Street Address and/or PO Box # (please put both if you have both), Town & ZIP Code:**

**Home, Work and/or Cell phone Number(s):**

**Email address:**

**Employer and Income** (weekly/every other week/bi-monthly/monthly). **If you are not working, please let me know from where you get your income and how much you receive:**

**Family Doctor's Name and phone number:**

**Emergency Contact Name and Phone Number:**

**Office Billing and Insurance Policies:** Sheila Bryan, LICSW, currently is able to bill for counseling services with the following insurance companies: Aetna, Anthem Blue Cross/Blue Shield, Cigna, Coventry/First Health, Harvard Pilgrim, Integrated Health Plan (IHP), Magellan, Medicare, MultiPlan/PHCS, United Behavioral Health (UBH), United Healthcare (UHC), and Value Options/MVP. Your co-pay is due in full at each visit, unless Sheila Bryan, LICSW, decides to make alternative arrangements with you. Privately paying clients must pay cash in full at each visit. I understand that if I will be paying cash for counseling services, my records still may be viewed by my insurance company, appropriate New Hampshire licensing authorities, and any other state and federal programs. I am aware that any viewing of my records by appropriate state and federal authorities will be disclosed to me by Sheila Bryan, LICSW, as soon as ethically and/or legally allowed. I also understand that I am entitled to review my records as long as Sheila Bryan, LICSW, sits with me to review them.

Client signature and date

Client signature and date

Sheila Bryan, LICSW, has a 24 hour cancellation policy unless you have an emergency within 24 hours of your appointment. I understand that I will be charged the full hourly rate for a missed appointment if I do not reach Sheila Bryan, LICSW, in time to cancel my appointment.

Client signature and date

Client signature and date

Sheila Bryan, LICSW, witness

Please check here if you want a copy of this form