



**De Sellers, LPC**

## DEMOGRAPHIC AND INSURANCE

**NAME:**

**DATE OF BIRTH:**

**GENDER:** Female Male **SS#:**

**MAILING ADDRESS:**

**CITY, STATE, ZIP:**

**May we mail to this address?** YES NO

**HOME PHONE:**

**WORK PHONE:**

**CELL PHONE:**

**EMAIL:**

**May we email to this address?** YES NO

**Do you wish Email or Text reminders for your appointments?** EMAIL TEXT NO REMINDER

**If you wish to receive text reminders, who is your cell phone carrier?**

**Who referred you?**

**Marital status (circle one):** single married divorced widowed live-in partner other

**If you would like us to bill Insurance for you, please provide us with the following information:**

**Insurance Company:**

**Insurance Co. Phone #:**

**Insurance ID #:**

**Insurance Group#:**

**Policy Holder Name:**

**Policy Holder Date of Birth:**

**Policy Holder SS#:**

**Client Relationship to Policy Holder:**

### **Release of Information and Assignment of Benefits**

***I authorize the release of any medical or other information necessary to process this claim. I also request payment of medical benefits to Diana E. Sellers, Cerridwen, Inc., for services described.***

**Signature:**



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**Date:**

### CLIENT PERSONAL HISTORY

Briefly describe the concerns or issues that bring you to counseling.

When did these first occur?

#### **MEDICAL HISTORY**

If you are currently under medical care, what is your physician's name?

If you are currently taking any medications, please list all of them (including non-prescription drugs & supplements).

Other significant medical history:

If you have ever participated in counseling/therapy before, what was the experience like?



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## **EDUCATIONAL AND OCCUPATIONAL HISTORY**

Highest level of education:

Professional training:

Primary occupation:

## **SOCIAL HISTORY**

Mother  Living  Deceased

Stepmother  Living  Deceased

Father  Living  Deceased

Stepfather  Living  Deceased

Spouse/partner's name:

Length of relationship:

How would you describe your current significant relationships?

How would you describe your social life?

Previous marriages/relationships:

Yours:

Partner's:

Names/ages of children (include step-children):

Is there anything else you would like me to know about you?