

Keystone Counseling LLC
New Client Information Form

Client Information

Date: _____

Last Name: _____ First Name: _____ MI: _____

Client is: Self Couple Family Minor Gender: M F

Marital Status: Single Married Divorced Separated Widowed

Date of Birth: _____ Age: _____

Address: _____

City, State, Zip: _____

Cell Phone: _____ May we contact you at this number? Yes No

Home or Alternate Phone: _____ May we contact you at this number? Yes No

Email address: _____ May we contact you by email? Yes No

Will you be filing a claim with your insurance (if yes, then you must provide an email address) ? Yes No

Presenting Problem (Why are you seeking services?)

Parent/Guardian Information (If client is under 18)

Last Name: _____ First Name: _____

Relationship to Client: _____

Address: _____

City, State, Zip: _____

Cell Phone: _____ May we contact you at this number? Yes No

Home or Alternate Phone: _____ May we contact you at this number? Yes No

Email address: _____ May we contact you by email? Yes No

Permission for Treatment

In presenting myself (or my child) for diagnosis and treatment, I voluntarily consent to the rendering of counseling services provided by Keystone Counseling, LLC. I acknowledge no guarantees have been made to me as to the effect of treatment on my (or my child's) condition. I acknowledge I am responsible for all reasonable charges in connection with care and treatment. I have read this statement and acknowledge that I understand it.

Client/Parent/Guardian

Date