

ELEVATE

COUNSELING SERVICES, INC.

117 EASTMAN ST, SO EASTON, MA 02375
116 MECHANIC ST., #7, BELLINGHAM, MA 02019
695 WAREHAM ST, SO MIDDLEBORO, MA 02346
PH: 508-202-1811 FAX: 866-773-4171

CLIENT INFORMATION

NAME _____ DATE OF BIRTH _____

STREET ADDRESS _____ CITY _____ ZIP _____

CELL PHONE _____ OTHER PHONE _____

DO YOU WANT EMAIL REMINDERS OF YOUR APPOINTMENT? YES ___ NO ___

EMAIL: _____

SCHOOL OR EMPLOYER _____ MINOR YES/NO
MARRIED YES/NO

EMERGENCY CONTACT _____ PHONE _____

RELATIONSHIP TO CLIENT _____

FAMILY MEMBERS THAT LIVE WITH CLIENT:

NAME _____ RELATIONSHIP _____ AGE _____

NAME _____ RELATIONSHIP _____ AGE _____

NAME _____ RELATIONSHIP _____ AGE _____

PRIMARY INSURANCE: INS. CO: _____ ID# _____

NAME OF SUBSCRIBER _____ DATE OF BIRTH OF SUBSCRIBER _____

RELATION TO CLT. PARENT/SPOUSE/OTHER

ADDRESS IF DIFFERENT THAN CLIENT: _____

SECONDARY INSURANCE: INS. CO: _____ ID# _____

NAME OF SUBSCRIBER _____ DATE OF BIRTH OF SUBSCRIBER _____

RELATION TO CLT. PARENT/SPOUSE/OTHER

ADDRESS IF DIFFERENT THAN CLIENT: _____

List medications that are prescribed for Mental Health: _____

Prescriber Name _____

Will you sign attached release for PCP or Prescriber of above medications? YES/NO

Signature of person financially responsible for treatment (Date)