

# Hope and Meaning

## C O U N S E L I N G

### Client Information

Name:

Date of birth:

Physical address where you reside (if two locations, time frame at each location):

Phone number:

Voice messages permissible:  YES  NO

Text messages permissible:  YES  NO

Email:

Email permissible:  YES  NO

Why are you seeking counseling?

Are there plans for disability case management such as short term, long term, etc.?

YES

NO

### Insurance Information (if using insurance, you will need to upload a photo of the front and back of insurance card in the therapy portal per our office policy)

Insurance Company:

Member ID:

Subscriber:

Subscriber DOB:

Relation to subscriber:

Customer service phone number:

**\*If there is no insurance, please speak with administrative staff to discuss your options.**

### Availability

Days: Monday Tuesday Wednesday Thursday Friday

Times:

In-office

Telehealth