

Counseling Center @ MHA

Print Client Name: _____

E-mail Address: _____

Hospital of Choice: _____

Primary Insurance Company

Name of Company _____

Id Number: _____ Group Number: _____

Policy Holder Name: _____ Contact #: _____

DOB: _____ Sex: Male/Female Social #: _____

Secondary Insurance Company

Name of Company: _____

Id Number: _____ Group Number: _____

Policy Holder Name: _____ Contact #: _____

DOB: _____ Sex: Male/Female Social #: _____

Guardian or Emergency Contact

Name: _____

Address: _____

Home Number: _____ Cell Number: _____

Relationship to Client: _____

An appointment is a commitment to be on time and ready to work. If you are late, your therapist will probably be unable to meet for the fulltime, as they still have appointments after yours.

For your convenience an automated system or the reception staff will call your main contact number to remind you of your scheduled appointment. You can choose to "opt out" and not receive a reminder call by checking the box below.

A cancelled appointment delays your work and ours. Consider your meetings VERY important. When you cancel, please give your therapist at least 72 hours notice.

The Counseling Center implements a cancellation/no show policy. If you do not show up for your sessions after the third time you will be closed and you will be referred to another facility. After third phoned in cancellation we do reserve the right to close your case.

- "Opt Out" I do not wish to have a reminder call.

Client Signature

Date