

How did you hear about Aubrey/Elbow Tree Christian Counseling? _____

When was your last visit to a general practitioner/doctor? _____

Are you currently taking any prescription medication? Yes / No If so, please list below.

<u>Drug</u>	<u>Reason</u>	<u>How Long</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

BILLING/INSURANCE REIMBURSEMENT

I am not listed on any insurance panels, and so I am considered an "Out of Network Provider." I am, however, able to provide you with an insurance receipt that you may turn in for reimbursement if you have out-of-network benefits. Please let me know if you would like a receipt anytime. Please initial _____

APPROPRIATE REFERRALS

I am qualified to meet the needs of the vast majority of the people who come to see me. If I cannot help you, I will try my best to refer you to another appropriate professional in the community to meet your needs.

If you have any questions, please feel free to ask me. Once you have read and understood this statement, please sign below.

Thank you for choosing Elbow Tree to help meet your needs!

Client Signature (or parent/legal guardian if client is a minor)

Date

Counselor Signature: