



# ELBOW TREE

Elbow Tree Christian Counseling

## Clinical Intake and Personal Data

Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

Date(s) of Birth: \_\_\_\_\_ Age(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell #1: \_\_\_\_\_ Cell #2: \_\_\_\_\_

Email #1 \_\_\_\_\_

Email #2 \_\_\_\_\_

Maybe we contact you by email or cell phone? (Circle one): I prefer not / Yes, you may  
(We often send text message reminders for appointments. With your permission, I may send you articles, resources, etc. However, I do not want to compromise your confidentiality or create an uncomfortable situation, so I will not contact you without your permission.)

Are you married? \_\_\_\_\_ For How long? \_\_\_\_\_ Previous Marriages? (Him) \_\_\_\_\_ (Her) \_\_\_\_\_

Are there any children from previous relationships not currently living with you? \_\_\_\_\_

Please give the following info for each person that currently lives in your home, not including yourself:

<u>Name</u>	<u>Age</u>	<u>Relationship to self</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 contracted with any insurance provider, therefore I am considered an "Out of Network Provider." I am, however, able to provide you with a "Superbill" receipt that you may turn in for reimbursement if you have out-of-network benefits. Always check with your insurance company to find out if you have any benefits! Please let me know if you would like a receipt at 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 feel we are not a good fit to work together, it is important that you honor your feelings. You are encouraged to seek help with another clinician in our office or elsewhere. I am happy to facilitate that for you or share any information you would like me to share with your written permission. No one at Elbow Tree will ever call you to solicit future business.

If you have any questions, please feel free to ask! 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: