LIGHTHOUSE
Professional Counseling Center
find your amazing

Counseling I am seeking: ❒Individual ❒Couple ❒Family ❒Group Counseling

CLIENT INFO

Date of Birth:____/_____/_____

Name: _____

Address: _____

City:_____Zip: _____

Home #_____Cell #_____

Work #_____Other #_____

On what number may we leave a confidential message:

❒Home ❒Cell ❒Work ❒Other

Email: _____

Student Status:
❒Full-time ❒Part-time ❒Not a student

College/University/School attending:

_____

Are you:
❒Single ❒Married ❒Divorced ❒Civil Union

Do you identify as:
❒Gay ❒Straight ❒Bisexual ❒Other

How did you hear about LPCC?

_____

EMPLOYER & STATUS

Current Occupation/Employer:

_____

❒ Self-employed ❒ Unemployed ❒ Retired

EMERGENCY CONTACT INFO

Notify:_____ Phone: _____

Relationship to client: _____

BILLING INFORMATION

(Please complete if person responsible is not the client)

Name of person responsible:_____

Relationship to client: _____ Home Phone: _____

Address: _____

City/State/Zip: _____

Employer: _____ Employer Phone: _____

Employer Address: _____

Employer City/State/Zip_____

INSURANCE INFORMATION

Name of Insured:_____

Address of Insured: _____

City/State/Zip: _____

Client relationship to insured: ❒ Self ❒ Spouse ❒ Child ❒ Other: _____

Phone Number of Insured: _____ Insured's Birthdate: _____

Insured's Employer: _____ Insured's SSN: _____

Insurance Company: _____ Insurance ID#: _____

Group Policy #: _____ Effective Date: _____

Please bring a copy of your insurance card with you to your first visit so we may make a copy of it.

HEALTH AND MEDICAL

Have you ever been to our office before? ❒Yes ❒No

Do you prefer a male or female therapist? ❒Male ❒Female ❒No preference

Primary Care Physician:_____Phone: _____

Psychiatrist: _____Phone: _____

Is your Primary Care Physician aware you are seeking counseling services? ❒Yes ❒No

Please list any medical problems: _____

Please list any current medications (include quantities):_____

WHEN ARE YOU AVAILABLE FOR APPOINTMENTS

50 Minute Sessions	MON	TUES	WEDS	THURS	FRI	SAT
Mornings (between 9am and Noon)	❒	❒	❒	❒	❒	❒
Afternoons (between Noon and 5pm)	❒	❒	❒	❒	❒	❒
Evenings (between 5pm and 8pm)	❒	❒	❒	❒	❒	❒

ADDITIONAL INFO

Are you required by a court of law to receive counseling as part of a legal proceeding? ❒Yes ❒No

Are you currently affiliated with any of LPCC's volunteer or adjunctive programs? ❒Yes ❒No

Are you interested in group therapy? ❒Yes ❒No
If yes, what kind? _____

Please complete this form and bring it with you on your first visit. Thank you!