Mt. Pleasant Community Counseling Associates, P.C. 500 S. Main Street Suite B

Mt. Pleasant, Michigan 48858

Phone: (989) 773-0222 Fax: (989) 772-4241

	OFFICE USE ONLY							
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Ins 3 rd Party - Self-Pay:		Client Information						
Co-F	?ay:		Date:					
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		City:						
		Work Phone:						
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Emergency Contact:			Relationship:					
Pho	ne and Address of Contact:							
Insurance:ID#								
Name of Insured:Insured			nsured's DOB:		Fe e E			
1.	How did you hear about Cor	mmunity Counseling Associates?	? Friend Phone Bo	ok Other				
	Health Care Professional (N (If referred by a Health Care	lame) Professional, may we send a th	ank-you for referral?) Yes	s No				
2.	What problems or concerns	are you seeking help for?						
3.	How long have you had thes	se problems?	•					
4.	What goals do you hope to accomplish as a result of counseling?							
5.	What medications are you o	n, if any?						
6.	Other important information:							
7.	Please Note: Therapists hav	ve the right to discontinue service	es at any time per their dis	cretion.				
	Signature		Da	ite				

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