

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

Dx: _____

F: _____

T: _____

CPT Code: _____

Ins. - 3rd Party - Self-Pay: _____

Client Information

Co-Pay: _____

Date: _____

Legal Name: _____ SS#: _____ DOB: _____ Sex: M F _____ (For billing purposes)

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employer: _____

Emergency Contact: _____ Relationship: _____

Phone and Address of Contact: _____

Insurance: _____ ID# _____

Name of Insured: _____ Insured's DOB: _____

1. How did you hear about Community Counseling Associates? Friend _____ Phone Book _____ Other _____

Health Care Professional (Name) _____
(If referred by a Health Care Professional, may we send a thank-you for referral?) Yes _____ No _____

2. What problems or concerns are you seeking help for? _____

3. How long have you had these problems? _____

4. What goals do you hope to accomplish as a result of counseling? _____

5. What medications are you on, if any? _____

6. Other important information: _____

7. Please Note: Therapists have the right to discontinue services at any time per their discretion.

Signature _____

Date _____

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