

Therapy Today Counseling & Consulting LLC

Leslie Auld, ACSW, LMSW

Therapist: _____

4572 S. Hagadorn Rd. Suite 1C

East Lansing, MI 48823

Patient Information

Client Name _____ Birthdate _____

Address _____ City _____ State _____ ZIP _____

Home Phone # _____ Work # _____ Cell # _____

Email _____ Marital Status _____

Children _____ Age _____

_____ Age _____

_____ Age _____

Education _____

Medications _____

Primary Care Physician _____

Emergency Contact _____ Phone # _____

Relationship to Patient _____

Responsible Party if Different from Above

Name _____ Address _____

Home Phone # _____ Work # _____ Cell # _____

Insurance Information

Carrier _____ Subscriber's Name _____

Subscriber's Address _____ DOB _____

Subscriber's ID# _____ Employer _____

How Did You Hear About Us?

___ Facebook

___ therapytodaycc.com

Referred by: _____

Please Read Carefully

AUTHORIZATION FOR RELEASE OF INFORMATION FOR BILLING PURPOSES

I hereby authorize the release of information necessary for third-party claim submission and/or payment for services. I authorize payment of third party benefits to

Therapy Today Counseling and Consulting LLC for therapy services provided. I understand that I am responsible to pay Today Counseling and Consulting LLC for all sessions rendered. Additionally, there is a fee of \$50 for any no show or late cancelation, less than 24 hours prior to your scheduled appointment.

Signature: _____ **Date** _____

