

Melissa Van Beck

M.S., L.M.H.C.

Psychotherapy and Counseling

Referred by: _____ Date: _____

Full Name: _____

Address: _____

_____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Fax: _____

Marital Status: Single ____, Married ____, Widowed ____, Divorced ____, Unmarried Couple ____

Social Security Number: _____ Date of Birth: _____

Occupation: _____

Present Employer: _____

Insurance Company: _____

Group Number & Plan: _____

Please list all health care providers presently caring for you.

Please list any medications you are taking and the condition for which they are prescribed.

I, _____

authorize release of information bearing on my case to my insurance company.

Dated: _____ Signature: _____