Serenity Coaching and Counseling , LLC

Welcome! Please fill out the form below. Information you provide is confidential, and will help you and your counselor/coach when you meet for the first time. Please feel free to ask questions. (**Use back of page if not enough space**).

Name _____ **Age** _____ **Date of Birth** _____/_____/_____

Address _____
Street City State Zip

Is it appropriate to send correspondence to this address? **Yes** **No** Can we leave you phone messages? **Yes** **No**

Phone (Primary) _____ (Secondary Phone) _____

Contact **E-mail** _____

Would you like appointment reminders? **Text** **Email** **Text and Email** **Decline All**

Do you agree with e-mail correspondence for scheduling purposes or for general questions? **Yes** **No**

Emergency Contact: _____
(name, relationship, phone number, address)

Primary Care: _____
(name, address, phone number)

Do you have any **medical or physical health issues** that we would need to know about?

_____

Are you on any **Medications** that we should know about? **Who** prescribes them? Would you like us to **Contact** them?

_____

_____

Do you have other **Supports or Legal** issues we should know about? (self-help, psychiatry, groups, probation, etc)

_____

Have you ever seen a **coach/counselor/therapist** before or been **hospitalized** for a mental health, emotional disorder, or a substance use disorder? If so, who/what, facility or hospital and when: _____

_____

Family Status: Single Married Separated Divorced Widowed Other_____ **Education**: _____

Children? How many? Do they live with you? _____ **Occupation**: _____

Is there anything about you (spirituality, cultural beliefs, identity, etc) that we should know about? _____

_____

_____

How did you hear about us? _____

Serenity Coaching and Counseling , LLC

Consent for Treatment:

* During my intake, I have received and agree to the following information:

- ✓ Privacy Notice (HIPAA)
- ✓ Notification of clients' rights
- ✓ Agency policies and procedures
- ✓ Grievance Procedure
- ✓ Copy of the Orientation to Treatment and Client Policies Pamphlet
- ✓ Telehealth Consent

* I understand that it is my responsibility to attend all scheduled appointments. If I need to reschedule an appointment, I will call with at least eight (8) hours notice. I understand that there will be a $25.00 fee for any appointments that I do not attend and do not cancel (no shows). I understand that I am responsible for this fee.

* I understand that if I "no show" two appointments, or if I cancel two appointments within a 30 day period, my case will be closed.

_____ _____

Client Name (Please Print) **Date of Birth**

_____ _____

Client Signature **Date**

Consent to Release Information & Authorization of Benefits (Insurance)

Please provide a copy of your insurance card or information to your Serenity Provider

Client: _____ DOB: _____ Are you the subscriber? Yes No

If not subscriber, who is? _____ DOB: _____ Relationship to Client: _____

Subscriber Address/Phone: Same as address listed or: _____

Insurance Company: _____Insurance ID#: _____ Copay: $_____

Masshealth MCO/MMIS#/Other information: _____

*I authorize the release of information as may be required by my insurance company, their reimbursing agency, or as may be otherwise necessary for payment of claims resulting from my mental health treatment. *I understand information will be disclosed for processing claims for treatment I have received, quality review and continuity of care purposes. This may include information contained in my records that concerns medical illness, mental illness or substance abuse, and/or domestic violence. *I authorize payment directly to Serenity Coaching and Counseling, LLC of benefit otherwise payable to me. *I understand that I am financially responsible for any deductible, co-insurance, non-covered charges, or charges resulting from my failure to follow my insurers' referral guidelines. *I understand that I may revoke release at any time, but I must notify Serenity Coaching and Counseling, LLC of revocation in writing.

Having read and understand the provisions, I consent to these statements and authorize Serenity Coaching and Counseling, LLC to act in accordance with these provisions.

_____ _____

Client Name (Please Print) **Date of Birth**

_____ _____

Client Signature **Date**

Witness: _____ _____ _____

Name (Please Print) Signature Date