Serenity Coaching and Counseling , LLC

(Couples)

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 _____/_____/_____

Partner's Name _____ Age _____ Date of Birth _____/_____/_____

Address _____
Street City State Zip

Is it appropriate to send correspondence to this address? (please circle) Yes No

Phone (primary) _____ Can we leave you messages? (please circle) Yes No

(Partner's Phone) _____ Contact E-mail _____

Would you like appointment reminders? If so, please circle: 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/partner have any medical or physical health issues that we would need to know about?

_____

_____

Are you/partner on any medications that we should know about ? Who prescribes them (ie Psychiatrist)?

_____

Have you/partner 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 (please circle): Single Married Separated Divorced Widowed Other_____

Education: (Self):_____(Partner): _____ Occupations: _____

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

_____

How did you hear about us? _____

(con't)

* During my intake, I have received 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

* 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)

Client: _____ DOB: _____ Are you the subscriber? (please circle) Yes No

If not subscriber, who is? _____ Subscriber DOB: _____

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