

## COUNSELING CLIENT INTAKE FORM

### REFLETIONAL COUNSELING LLC

1275 S PATRICK DR SUITE H5  
SATELLITE BEACH, FL 32937  
321-247-8250

DATE:	REFERRED BY:
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### CLIENT ONBOARDING INFORMATION

NAME	
PHONE	
ALT. PHONE	
EMAIL	
SSN	
DATE OF BIRTH	
HOME ADDRESS	<hr/> <hr/>
WORK ADDRESS	<hr/> <hr/>

May we leave a message?                      YES                      NO

May we email you?                      YES                      NO

### EMERGENCY CONTACT

NAME		PHONE		RELATIONSHIP	
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**INSURANCE INFORMATION**

<b>CARRIER NAME</b>	
<b>NAME OF INSURED</b>	
<b>SUBSCRIBER ID</b>	
<b>GROUP NUMBER</b>	

**PAYMENT INFORMATION**

<b>CREDIT CARD NUMBER</b>					
<b>EXP DATE</b>		<b>CVV</b>		<b>ZIP CODE</b>	

**CURRENT MEDICATIONS**

<b>MEDICATION</b>	<b>DOSE</b>	<b>FREQUENCY</b>

If you need more room to list medications, please write them on a separate blank sheet of paper.