Amber Bauerle, LCSW
Vantage Point Counseling, Inc.
865 East 4800 South #110 Murray, UT 84107 (385)515-5445 amberb@vpcounseling.org

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Client Registration

Name: _____ Date of Birth: _____

Home Address: _____

Preferred Phone: _____ Alternate Phone: _____

Is it OK to leave a message for you: _____If not, how would you prefer to be contacted?

_____

Email Address:_____

Spouse/Partner's Name:_____ Date of Birth:_____

Children's names and ages: _____

_____

Emergency Contact:_____Phone:_____

What are your goals for our work together?

Previous therapy experience: Yes___ No____ Was it helpful? _____

Medical: Please list any psychiatric medications you are currently taking_____

_____

Psychiatrist: _____

Current medical issues: _____

_____

Primary Care Physician: _____

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Insurance

Ms. Bauerle is a preferred provider for most insurance plans, however, each client is responsible to verify insurance coverage and for payment of any unpaid balance. Copayments and deductibles are due at the time of session. If Ms. Bauerle is not a preferred provider on your plan, you will be asked to pay in full at the session (Ms. Bauerle will provide you with an invoice to submit for reimbursement from your insurance provider).

Payment Information/Guardianship Information

Full Name of Responsible Party or Guardian:_____

Address (if different from page 1):_____

Preferred Phone: _____ Alternate Phone: _____

Insurance Company (if applicable):_____

Relationship of Insurance Holder to Client: _____ Plan Name_____

Insurance Co. Phone Number: _____

ID#:_____ Group#:_____

Confirmation & Authorization to Bill Insurance:

I request that payment under my Medicare or other insurance program be made to **Vantage Point Counseling** for counseling services. I authorize the release to my insurance company of any information (which may include diagnosis, notes to determine medical necessity of treatment, quality of care, treatment summaries, or to request additional sessions) necessary to process insurance or EAP claims. I understand that I am financially responsible for all charges owed for services provided by Amber Bauerle, LCSW of Vantage Point Counseling.

Client Signature: _____