

Counseling Services of Michelle Adler

“Better mental health through compassion and kindness”

Intake information:

Last Name:	First Name:
Home Address:	City, State, Zip:
Home Phone:	Cell Phone:
Work Phone:	DOB:
Social Security Number:	Email:

Insurance information:

Last Name of Insured:	First Name of Insured:
Date of Birth:	Social Security #:
Insurance ID #:	Group #:
Insured Place of Employment:	Name & Phone # of Insurance :
Secondary Last Name of Insured:	Secondary First Name of Insured:
Date of Birth:	Social Security #:
Insurance ID #:	Group #:
Insured Place of Employment:	Name & Phone # of Insurance :
Comments:	