

**Steve
Bisson**
LMHC

360 Woodland St.
Holliston MA 01746

Identifying Information

Today's Date: _____

Name: _____ Parent/Guardian (if a minor): _____

Address: _____ Date of Birth: _____

_____ Home Phone: _____

_____ Cell Phone: _____

E-mail address: _____

What is the best way to reach you? *Home* *Work* *Cell* *Email* *Text*

Do I have your permission to leave messages for you:

at home? *Y N* on cell phone? *Y N* as text? *Y N* as email? *Y N*

How were you referred to counseling?

Doctor *Insurance Company* *Friend/Family Member* *Psychology Today*

Facebook *Other Internet* *Other Provider*

Please list name of person/source _____

Emergency Contact Information:

Name: _____ Insurance Co. _____

Relationship: _____ Member ID # (s) _____

Address: _____ Co-Pay _____

_____ Name of Insured Person: _____

Phone: _____ Relationship _____

_____ DOB of Insured: _____

Current Medical Issues/Any Known Allergies: Address (if different) _____

Current Medications:

Current Primary Care Physician (name, address, phone) and last seen:

Client Signature

Date