

**Insights Counseling Center**  
**WW**

**TODAY'S DATE:**

**NAME:**

**REFERRED BY:**

**WHO IS SEEKING COUNSELING:**

**ARE YOU/THEY A FIRST TIME CLIENT?:**

**PROSPECTIVE CLIENT'S DOB:**

**PROSPECTIVE CLIENT'S CELL # WITH TEXTING CAPABILITIES (If person calling in is calling on behalf of someone who is of age, we need the phone # of the person they are calling in for; if calling for someone underage, would need relation of person whose # is provided):**

**E-MAIL ADDRESS:**

**IN-PERSON, TELEHEALTH OR OPEN TO BOTH:**

**AVAILABILITY FOR SESSION**

**DAYTIME:**

**EVENING:**

**WEEKENDS:**

**PROSPECTIVE CLIENT HAS INSURANCE?:**

**HAVE YOU PREVIOUSLY PROVIDED US WITH YOUR INSURANCE INFORMATION?:**

**1) INSURANCE COMPANY & PHONE #:**

**2) INSURANCE ID #:**

**3) POLICY HOLDER'S NAME:**

**4) RELATION TO PROSPECTIVE CLIENT:**

**5) POLICY HOLDER'S DOB:**

**6) POLICY HOLDER'S ADDRESS:**

**SECONDARY INSURANCE?, AND IF SO, ANSWERS TO QUESTIONS 1 - 6 ABOVE FOR THIS INSURANCE, AS WELL:**

**NOTES:**