



Spence Counseling Center PC

12035 Q Street • Omaha, NE 68137

PH: 402.991.0611 • Fax: 402.991.6228 • www.spencecounselingcenter.com

OFFICE USE ONLY

Therapist _____ Photo ID _____
Omaha NW Omaha Fremont Red Oak Co Bluffs
Info Complete _____ Ins Card _____ COF _____
Elig/Ben _____ C/P _____ M/S _____
Signed Ben _____ Scanned _____ Date _____

CLIENT INFORMATION

Client Full Legal Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Client DOB: _____ Gender: Male _____ Female _____
Client SS#: _____ Ins. Policyholder SS# _____ (if different than client)
Single _____ Married _____ Co-habiting _____ Divorced _____ Widowed _____ Minor _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Employer: _____ E-mail: _____
Emergency Contact Name & Phone Number: _____

CONTACT INFORMATION

May we contact you by phone and/or leave a message? (Please check the boxes) May we e-mail/text you and leave a message?

Home: Yes No Cell: Yes No Work: Yes No E-mail: Yes No Text: Yes No

Your therapist may use e-mail or text as a means to communicate with clients between sessions. This type of communication will be "business" topics that may include: insurance issues, appointment confirmation or changes, payment arrangements, etc. Therapy sessions will NOT be conducted over e-mail or texting and any communication should not be construed as such unless specific arrangements are made and agreed to in advance and in writing. I further understand and accept the risks associated with unsecured electronic communications.

Consent to Communicate with Primary Care Physician

In order to coordinate care, we may need to contact your primary care physician. I give my consent to any communication with my Primary Care Physician as may be needed.

Name of Doctor _____ Name of Medical Facility _____
Address _____ Phone _____ Fax _____

IF CLIENT IS A MINOR

If this is a divorce situation, please fill out information below.

Also, provide a copy of the divorce decree, temporary order, and parenting plan.

Child Lives With: Both Parents _____ Mother: _____ Father _____ Other (specify) _____
Primary Legal Custody: Both Parents _____ Mother: _____ Father _____ Other (specify) _____
Primary Physical Custody: Both Parents _____ Mother: _____ Father _____ Other (specify) _____
Legal Guardian Address (if different than above): Name _____ Address: _____
City, State, Zip _____ Cell/Home/Work Phone: _____ (circle phone)

FAMILY INFORMATION

Name	Date of Birth	Gender	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INSURANCE INFORMATION - We will need to make a copy of your insurance card and Photo ID. Thank you.

Client or Guardian Signature _____ Print Name _____ Date Signed _____