

LIFE TRANSFORMATIONS, LLC
2670 Woodman Center Court
Kettering, OH 45420
Phone : (937) 439-0505
Fax : (937) 293-0650

Name _____ Date _____

Address _____

City _____ State/Zip _____

Home Phone _____ Work Phone _____

CellPhone/Beeper _____ Email _____

Which number would you prefer we contact you/leave messages? _____

List any limitations this office should observe in leaving messages _____

Date of Birth _____ Age _____ Gender _____

Social Security Number _____

Marital Status _____ Race/Ethnicity _____

Who referred you? _____

Would you like our office to send a thank you? _____

INSURANCE INFORMATION

Name of insurance company _____

Group name or number _____

Insurance identification number _____

Policy holder's name _____ Relation to client: _____

Policy holder's employer _____ Occupation _____

Address of employer _____

Policy holder's date of birth _____ SSN: _____

Policy holder's address if different from client _____

Mental Health copay amount _____ Annual deductible _____

Yearly session limit or maximum coverage _____

Secondary insurance information if applicable _____

PERSON TO CONTACT IN CASE OF AN EMERGENCY

Name _____ **Relationship** _____ **Phone** _____

Address _____ **City** _____ **State** _____ **Zip** _____

CURRENT EMPLOYMENT OR EDUCATIONAL STATUS

List job title, employer name, duties, current work schedule and level of satisfaction.

CURRENT LIVING SITUATION

List the name, ages and relationship of all persons in your household.

Briefly describe your reason for seeking services _____

Previous psychotherapy or counseling (dates, with whom, reason) _____

Prior hospitalizations for psychological reasons _____

Family doctor name, address, phone _____

Current medications _____

Allergies (including medication) _____