

Linda Navelski Taillon, LCPC, LCMHC, RPT-S

Maine Counseling & Consultation LLC

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York, Maine 03909

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Client Intake Information

CLIENT'S NAME _____ Email _____

DATE OF BIRTH ___/___/___ S.S. # _____

ADDRESS _____

MAILING ADDRESS _____

TELEPHONE: HOME _____ WORK _____ CELL: _____

OCCUPATION _____ EMPLOYER _____

EMPLOYER'S ADDRESS _____ How Long _____

MARITAL STATUS ___single ___married ___separated___divorced ___widowed How Long _____

SPOUSE'S NAME _____ DATE OF BIRTH ___/___/___ Phone Number _____

SPOUSE'S OCCUPATION _____ EMPLOYER _____

PHYSICIAN _____ LAST PHYSICAL EXAM _____

PHYSICIAN'S ADDRESS _____ TELEPHONE _____

CURRENT MEDICAL PROBLEMS _____

PAST MEDICAL PROBLEMS/HOSPITALIZATIONS _____

CURRENT MEDICATIONS _____

HAVE YOU BEEN IN THERAPY? ___IF YES, GIVE NAME(S) OF THERAPIST(S)

REFERRED BY _____

IN CASE OF EMERGENCY CALL _____ TELEPHONE _____

INSURANCE INFORMATION

Subscriber's Name _____ Insurance Company _____

Insurance Address _____ Subscriber's SS# _____

CERTIFICATE or I.D.# _____ GROUP # _____

1. I authorize use of this form on all my insurance submissions.
2. I authorize the release of information to my insurance company
3. I authorize direct payment to Linda Navelski Taillon, LCPC, RPT-S for the services provided.
4. I permit a copy of this to be used in place of an original.

Print Name

Signature

Date