

Welcome to LDTherapy

Client Information Form (Adult)

Name _____

Date of Birth _____

Address _____

Is it okay for me to send mail to your address if necessary? Yes No

Who do you reside with?

Phone # _____

Secondary # _____

Is it okay for me to contact you by phone? Yes No

Is it okay for me to leave you a voicemail if necessary? Yes No

Email Address _____

Is it okay for me to email you regarding non-clinical matters (i.e. scheduling)? Yes No

*Please note that email is not a confidential form of communication and I strongly discourage any electronic communication of clinical relevance.

Permitted Methods of Contact (check all that apply):

Phone Mail Email Text Message

Marital Status: Single Married Divorced Legally Separated Widowed Domestic Partnership

Please list any children/age _____

Occupation _____

Employer _____

LDTherapy is in-network with Blue Cross Blue Shield and OUT OF NETWORK for all other insurances

Do you have medical coverage through one of those plans? Yes No

If not, do you have insurance coverage through a different plan? Yes No

Name of plan _____

Do you have out of network benefits? Yes No Unsure

Will anyone be helping pay for your therapy? Yes No Unsure

If Yes, whom? Spouse Family Friend

How did you hear about LDTherapy? _____

Have you previously received any mental health services (psychotherapy, psychiatric services, etc.)?

Are you currently taking any medications? If yes, what is the name, dosage, and reason
for it being prescribed?

If yes, who is the prescribing doctor? _____

Emergency Contact Information:

Name of Emergency Contact: _____

Phone #: _____

Relationship to you: _____

Does your emergency contact know that you come to therapy? Yes No

Signature provides authorization for all forms of contact methods as identified above as well as
authorization to call the emergency contact listed should LDTherapy deem it necessary:

Signature _____

Date _____