

General Information Form

Client Name: _____ **Today's Date:** _____

Date of Birth: _____ **Age:** ____ **Gender:** M/F

Contact Information

Address: _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Email Address:** _____

Occupation/Employer: _____

Other Family Members:

Name: _____ **Age:** _____ **Grade/School/Employer** _____

Name: _____ **Age:** _____ **Grade/School/Employer** _____

Name: _____ **Age:** _____ **Grade/School/Employer** _____

Name: _____ **Age:** _____ **Grade/School/Employer** _____

Please circle best way to reach you

Referred By: _____

Reason for referral:

Financial Agreement

I understand and agree that full payment of services is due at the time of services rendered. Evergreen Counseling Center accepts check or cash payments. Returned checks will result in a \$50.00 fee that will be posted to your account. I understand that Margaret Lang-Garnhart requests 24 hour notice for cancellations and, without giving such notice, I will be charged a missed appointment fee. I understand that Margaret Lang-Garnhart, LCSW is not affiliated with any insurance company and does not submit insurance paperwork on my behalf.

Signature

Date