Sally Marley ATR, LPC

2561-2 E. Ft. Lowell Rd. Tucson, AZ 8571 (520) 903-8877

Patient Registration Information: Adult/Individual Services

Date: _____

Your Name:_____ DOB:_____ AGE_____
Address:_____City:_____State:_____Zip:_____
Phone Number:_____Permission to leave a message: ___Yes ____No
Current Relationship Status: _____

_____

Highest Level of Education:_____Current Employment Status: _____
Previous Counselor Name:_____Last Seen:_____ Focus of Treatment: _____

_____

Medical Doctor:_____Phone:_____Fax:_____
Primary concern and/or need for counseling: _____

_____

_____

_____

Payment/Insurance Information:

EAP: Name of EAP:_____Name of Employer: _____
Pre- Authorization#_____Phone #_____ Fax#_____
Authorized Number of Sessions: _____
Insurance Company: _____Plan: _____
Member #_____Group#_____
Primary Policy Holder Name: _____DOB:_____Relationship to client: _____
Employer Name:_____Job Title:_____
Employer Address: _____
Policy Holder Address: _____
Authorization #_____ Co-Pay: _____ Deductible: _____ Calendar Year Date: _____
Amount of Family Sessions Covered: _____ Amount of Individual Sessions Covered: _____
Other insurance Information: _____

_____

Notice Incase of emergency:

Name:_____ Relation_____ Phone:_____
Address:_____ City:_____State:_____ Zip_____
Allergies or Medical Condition the may affect treatment: _____

_____

Last Medical Appointment: Any Concerns:_____

_____

Medications and Dosages: _____

_____

_____

Sally Marley ATR, LPC
2561-2 E. Ft. Lowell Rd. Tucson, AZ 8571 (520) 903-8877

Current Household:

Address:_____City _____State_____Zip_____

Family/Household Member Name	Relation to Client	DOB	Age