

# Lisa Rector, LCSW

Counseling and Psychotherapy

4505 S. Wasatch Blvd., Suite 380  
Salt Lake City, Utah 84124

Phone: (801) 870-4812  
Email: lisarectorlcsw@gmail.com  
Website: lisarectorlcsw.com

## CLIENT INTAKE FORM

TODAY'S DATE \_\_\_/\_\_\_/\_\_\_

<b>CLIENT INFORMATION</b>			
CLIENT'S LAST NAME FIRST MIDDLE		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other	MARITAL STATUS Single / Married / Other
IS THIS YOUR LEGAL NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NOT, WHAT IS YOUR LEGAL NAME?	BIRTH DATE ___/___/___	AGE
STREET ADDRESS CITY STATE ZIP CODE			PHONE NUMBER
EMAIL ADDRESS			
OCCUPATION	EMPLOYER	WORK PHONE NUMBER	
REFERRED BY: <input type="checkbox"/> THERAPIST <input type="checkbox"/> DOCTOR <input type="checkbox"/> FRIEND <input type="checkbox"/> FAMILY <input type="checkbox"/> WEBSITE <input type="checkbox"/> OTHER (PLEASE SPECIFY) _____			
<b>INSURANCE INFORMATION (IF YOU HAVE INSURANCE THAT WILL COVER YOUR THERAPY)</b>			
INSURANCE POLICY HOLDER NAME		POLICY HOLDER BIRTH DATE ___/___/___	
INSURANCE PROVIDER	POLICY NUMBER	GROUP NUMBER	
SECONDARY INSURANCE POLICY HOLDER NAME		SECONDARY POLICY HOLDER BIRTH DATE DATE ___/___/___	
SECONDARY INSURANCE PROVIDER	SECONDARY POLICY NUMBER	SECONDARY GROUP NUMBER	

**IN CASE OF EMERGENCY**

EMERGENCY CONTACT NAME

RELATIONSHIP

PHONE NUMBER

**PLEASE READ THE FOLLOWING INFORMATION CAREFULLY**

I understand that I am responsible for my fee payment at the beginning of each appointment. I agree to be responsible for the full payment of fees for services rendered regardless of whether insurance reimbursement will be sought. I will honor contractual agreements made with those managed health care companies which stipulate specific reimbursement restrictions.

---

Client Name

---

Client/Guardian Signature Date

I hereby authorize the release of necessary medical information for insurance reimbursement purposes, and the payment of medical benefits to the provider of services.

---

Client/Guardian Signature Date