Jennifer Trudeau-Brown, LMHC, ATR

Licensed Mental Health Counselor & Registered Art Therapist

58 Henry Street, Saratoga Springs, NY 12866

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PATIENT INFORMATION

Name: ________________________________ DOB: ______________ Age: __________

Marital Status: Single / Married / Divorced / Separated / Widowed

Address: ____

E-mail: _______________________________________

Phone Numbers:

Home: __________________________

Cell: ____________________________

Occupation: ________________________

Employer: __________________________ Phone Number: _______________________

PCP: ____________________________ Phone Number: _______________________

Referred by: ____

For Child:

Currently taking medication: Yes / No

School: ___________________________ Phone Number: _____________________

Grade Level: ___________ Special Education: Yes / No

Emergency Contact: _______________________ Relationship to Patient: _______________

Phone Number: ___________________

I am requesting the following services:

Individual Counseling / Couples Counseling / Family Counseling / Other

RESPONSIBLE PARTY INFORMATION

☐ Same as above

Name: ___________________________________ DOB: _______________

Address: _________________________________

E-mail: ___________________________________

Phone numbers:

Home: ____________________________

Cell: ______________________________

PAYMENT AUTHORIZATION

☐ Self-Pay – $150.00 for the first intake session and $100.00 for each additional session; however, I am willing to discuss a sliding scale fee on a patient by patient basis as needed.

I understand that it is my responsibility to consult with my insurance company for possible out-of-network reimbursement, as I am entering into a self-pay arrangement with Jennifer Trudeau-Brown, LMHC, ATR, for her counseling services.

_______________________________________ ____________________

Signature of Patient or Parent/Legal Guardian Date

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Print Name