

Adam Vellturo MSW; LCSW
Counseling Services
1680 Iron Springs Rd. Suite 103 Prescott AZ, 86305

Client Information

Name: _____ DOB: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Okay to leave message Yes No

Cell Phone#: _____

Okay to leave voice message Yes No

Okay to send text message Yes No

Email _____ Okay to send message Yes No

Name of Employer: _____

Emergency Contact Information

Name of emergency contact: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Referral Information

How did you hear about the counseling services? (please specify below)

Other Mental Health Professional Internet

Phone Book Previous Client

Other: please explain _____

Insurance Information

Will medical insurance be covering therapy? Yes No If yes fill out below:

Name of insurance company: _____

Policy ID Number: _____ Group ID Number: _____