

**Adam Velturo 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: \_\_\_\_\_