

Adam Velturo MSW; LCSW Counseling Services

Client Information

Name: _____ DOB: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell phone: _____ Okay to Leave VM Msg? Yes__ No__
Okay to Send Text Msg? Yes__ No__

Email: _____ Okay to Send Msg? Yes__ No__

Name Of Employer: _____

Emergency Contact

Name: _____ Relationship: _____

Cell Phone: _____ Email: _____

Referral Information

___ Other Mental Health Professional ___ Internet ___ Previous Client

___ Other: Please Explain _____

Insurance Information

Will Insurance be covering therapy? Yes__ No__

Name Of Insurance Company: _____

Policy ID: _____ Group ID: _____