

A. Elaine Flannagan, MEd
Licensed Professional Counselor

301 N. Norton
Tucson, AZ 85719
520-749-2075

Date: _____

Name: _____ Name I like to be called: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ H. Phone: () _____
Mo./Day/Yr. C. Phone: () _____

Employer: _____ W. Phone: () _____

Email Address: _____ Referred By: _____

Notify in Emergency: Name _____ Phone: _____

Insurance Company: _____ Policy Number _____
(Only If Applicable)

Address: _____ Phone: () _____

Primary Physician: _____ Phone: () _____

Medications: _____

Drug & Alcohol Use: _____

Counseling History: _____

Other Pertinent Information: _____

I have received my packet of information with Consent for Treatment, including general office information, and Notice of Privacy/HIPAA statements. Should you have any questions about the above statements, please talk to Elaine before signing. Reminder: Sessions are regularly \$150 for 50 minutes, unless otherwise specified. I understand that if I do not keep a scheduled appointment, I will be charged for the appointment.

(Client Signature)