

**A. Elaine Flannagan, MEd, LPC
Licensed Professional Counselor**

**3856 E Calle Fernando
Tucson, Arizona 85716
520-327-9400**

Date: _____

Name: _____ Name I like to be called:

Address: _____ Zip: _____

Date of Birth: _____ SS# _____ H. Phone: ()

_____ Mo./Day/Yr. C. Phone: ()

Employer: _____ W. Phone: () _____

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: _____

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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 \$110 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)