

Client Data Sheet

Date: _____

- Please do not leave questions blank. Type "N/A", if necessary.

Write or Type answers below

Client Name #1	
Client Name #2	
Client DOB #1 Client DOB #2	
Client's Full address	Street address: City State Zip Code
Cell Phone #	
Email Address #1 Email Address for client #2	
How were you referred?	
What services would you like?	Individual Therapy Couples Counseling Family Therapy
Insurance Info	Insurance Name? Insurance ID # ?

Open Path	<p>Are you an Open Path Member? Yes or No</p> <p>What is your Member ID:</p>
Consent for Services	<p>I give Dionne Aldridge, LCSW-C consent to provide therapy services_____Initials</p> <p>I give permission to Dionne Aldridge, LCSW-C to communicate with my insurance company via written or/and oral communication. _____Initials</p>
Video Link for all sessions.	<p>I understand that I will need to go to https://sessions.psychologytoday.com/dionne-aldridge to begin my session. _____Initials</p> <p>I understand that I must confirm my appt via email 24 hours in advance. _____Initials</p>
Client Signature & Date	

Copays Due

Prior each session.

I agree to pay the agreed upon fee or copay prior to each session

_____ (write amount) _____Initials

- You can make payments on the website: www.InspiringCounseling.com
- Click on “Existing Clients” Make a Payment.
- If you are having financial concerns and not able to make your payment prior to the session, please let me know.

