

*Jane Bogursky RN, LICSW  
80 Palomino Lane  
Bedford, NH 03110  
603.494.3039*

***Client Registration***

*Today's Date:* \_\_\_\_\_

*Client name:* \_\_\_\_\_ *D.O.B.:* \_\_\_\_\_ *Age:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Phone number(s): (cell)* \_\_\_\_\_ *belongs to:* \_\_\_\_\_

*(cell)* \_\_\_\_\_ *belongs to:* \_\_\_\_\_

*Please indicate with an \* which numbers and email I may leave a message*

*Email address:* \_\_\_\_\_ *belongs to:* \_\_\_\_\_

*Parent/Guardian:* \_\_\_\_\_

*(with address if different from child's)*

*Additional members of family:*

\_\_\_\_\_  
*Previous Counseling:* \_\_\_\_\_

*Name of counselor:* \_\_\_\_\_ *Date of last appt.* \_\_\_\_\_

*Reason for ending therapy:* \_\_\_\_\_

*Primary Care Physician:* \_\_\_\_\_ *Phone #* \_\_\_\_\_

*Medications:* \_\_\_\_\_

*Please list other physical conditions you are being treated for:*

\_\_\_\_\_  
*Reasons for seeking therapy:*

\_\_\_\_\_  
*How long have concerns persisted:* \_\_\_\_\_

*Goals for therapy:* \_\_\_\_\_

*\*\*Please complete page 2*

**Party Financially Responsible:**

Name: \_\_\_\_\_ Relationship to client: \_\_\_\_\_

Phone (if different from above): \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Which payment type? (check one) \_\_\_\_\_ private pay \_\_\_\_\_ Insurance

Insurance Information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Out of network \_\_\_\_\_ Other \_\_\_\_\_

Emergency Contact people:

Name: \_\_\_\_\_ phone: \_\_\_\_\_

Name: \_\_\_\_\_ phone: \_\_\_\_\_

(By completing this section, you are authorizing me to contact this person in an emergency).

**Client Authorization:**

\_\_\_\_\_ (Initial please) I have read and understand the policy/procedure form.

Payment is expected at time of service. I understand that I am fully responsible for any fees for professional services provided to me or my dependents.

Insurance companies may reimburse for part or all of our sessions. Missed appointments or cancellations without 24 hours notice will be billed at the full hourly rate.

Signature: \_\_\_\_\_ date: \_\_\_\_\_

Signature: \_\_\_\_\_ date: \_\_\_\_\_