

JANE McCAMPBELL COUNSELING SERVICES, LLC

7975 Stone Creek Drive #130, Chanhassen, MN 55317 ▪ 4005 West 65th Street #210, Edina, MN 55435
Phone: 612.414.0383 ▪ Email: JaneMcCampbell@comcast.net ▪ Web: JaneMcCampbellCounseling.com

General Information

Client name _____ DOB: _____ Age: _____ Today's date: _____

If under 16, please give mother's name _____ and father's name _____

Marital Status S M D W Other _____

Current status: Student Employed Unemployed Homemaker Retired Other: _____

If student, are you Full Time or Part Time? FT PT Please give School attended _____

If working, please give Occupation and Place of Employment _____

Emergency contact _____ Relationship _____

Emergency contact Phone Number _____ Alternative Phone Number _____

If person filling out form is not client, check here: What is your relationship to client? _____

Address & Contact Information

Home Address _____

_____ State _____ Zip _____

In the business of therapy, it is occasionally necessary to send communications by mail, for example when therapy is terminated unexpectedly or if there is an outstanding balance on your account. Communications from my practice come in unmarked envelopes with my name and practice address only. If you have any special instructions regarding how you would like mailed communications to be handled to ensure your confidentiality, please detail here : _____

Home phone _____ Okay to call? Y N Okay to leave message? Y N

Cell phone _____ Okay to call? Y N Okay to leave message? Y N

Work phone _____ Okay to call? Y N Okay to leave message? Y N

Email _____ Okay to email? Y N

Any special instructions when calling, leaving messages or emailing? _____

Would you like to receive a regular statement of your account for insurance/HSA/FSA purposes? Y N

PLEASE TURN SHEET OVER FOR IMPORTANT INFORMATION & SIGNATURES

JANE McCAMPBELL COUNSELING SERVICES, LLC

7975 Stone Creek Drive #130, Chanhassen, MN 55317 ▪ 4005 West 65th Street #210, Edina, MN 55435
Phone: 612.414.0383 ▪ Email: JaneMcC Campbell@comcast.net ▪ Web: JaneMcC CampbellCounseling.com

Initials and Signatures

_____ I understand it is my responsibility to pay for the session at the time of service.

_____ I affirm that I have willingly sought treatment from Jane McC Campbell for issues relating to the field of mental health. I recognize that such treatment may involve exploration of my personal and family experience and has the potential to be emotionally unsettling. I agree and consent to receive treatment from Jane McC Campbell at this time. I understand that I have the right to terminate such treatment at any time.

_____ I acknowledge that I have received, read and signed the Client Rights and Responsibilities document.

_____ I acknowledge that I have received, read and consent to the Notice of Privacy Practices document, which explains in detail my rights to access my Personal Health Information and how, when and with whom that information may be shared.

Client Name (please print legibly) _____

Client Signature _____ Date _____