

**Compass Counseling Center
Betsy Morgan, Therapist**

Today's Date: _____

Patient's Last Name: _____		First: _____	
Street Address: _____		Apt _____	
City: _____	State: _____	Zip: _____	
Home Phone: _____	Phone 2, (Cellular): _____	Birth date: _____	
Age: ____ <input type="checkbox"/> M <input type="checkbox"/> F	Marital Status: _____	SS#: _____	Student: <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer: _____	Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Other _____		
Work Phone: _____	Ext: _____	Is it okay to call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If retired give date: _____	Is it okay to leave message at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent/Guardian if applicable: _____			
Referred by: _____	Emergency Contact: _____	Phone: _____	

Family Doctor: _____
Previous Therapists: _____
Medical Problems/Medications: _____
Nature/History of Concern: _____

Primary Insurance: _____	Policy #: _____
Address: _____	City: _____ State: _____ Zip: _____
Insured's Name: _____	Relationship: _____ Group #: _____
Insured's Employer: _____	
Insured's SS#: _____	Insured's DOB: _____
Was prior authorization received? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of sessions authorized: _____

Confidentiality: No information about you or your treatment will be divulged to any person outside of counseling without your written consent, with the following exceptions: 1) in the event that there is clear and imminent threat of harm toward yourself or against another person; 2) if there is intent to commit criminal activity or awareness or suspicion of such toward a minor or an elder; 3) in the event of a court order requiring my testimony, under legal consultation, in response to a patient's raising the issue of mental health in a lawsuit or when minors have limited rights of confidentiality; and 4) in any other circumstance in which I have a legal obligation to divulge information and then, only to the extent of that legal obligation.

Guarantee of Payment

I hereby **guarantee payment** of all charges incurred for _____
Including deductibles, co-pay, charges not covered by insurance, and charges over and above what my insurance pays. Payment is due at the time of your appointment. Please cancel at least 24 hours in advance to avoid being charged for missed appointments. **Signature:** _____

Assignment of Insurance Benefits

I assign and direct you to pay any medical or psychological benefits under this claim directly to Betsy Morgan, MS, MFT. I also authorize Betsy Morgan, MS, MFT to furnish from case notes or records, any information requested by the insurance companies in connection with the above assignments.

Insured's Signature: _____ Date: _____ Witness: _____