Many Moons Psychotherapy Services, Inc.
an arts-based approach to emotional health
4 Cottage Street
Freeport, Maine 04032
office: 207-504-2664
www.manymoonstherapy.org

Demographic Information

Intake Date:

Client Name:

Date of Birth:

Social Security Number:

Parent/Guardian Name:		Parent/Guardian Name:	
Home address:	_____	Home address:	_____
	_____		_____
Date of birth:	_____	Date of birth:	_____
Home phone:	_____	Home phone:	_____
Cell phone:	_____	Cell phone:	_____
Work phone:	_____	Work phone:	_____
Name of employer:	_____	Name of employer:	_____

Secondary contact in case of emergency:

Primary Care Physician:

Medications:

Current School/ Grade:

Insurance Information:
- Subscriber's name and date of birth:
- Subscriber's home address (if different from above):
- Subscriber's employer (if different from above):
- Carrier, ID# and Group#:

I understand that I am financially responsible for services not covered by my insurance, including a $70.00 fee for any missed appointments if I have not notified my provider within 24 hours in advance. I understand that I will be charged a late fee for unpaid co-pays/bills after 30 days. I understand that I will be billed for any consultation services between my provider and anyone I signed a release for her to speak with. I hereby authorize my provider to disclose information about my diagnosis and treatment to my insurance company. I understand and authorize charges due to consultation with other providers, school personnel, and legal parties. These charges are not covered by my insurance benefits.

Client Signature:_____ Date:_____

Parent/Guardian Signature:_____ Date:_____

Parent/Guardian Signature:_____ Date:_____

Clinician Signature:_____ Date:_____