LiveWell Counseling, LLC

Christine Abbott, MS, LPC
101 River Road ●Collinsville, CT 06019●860-690-9961
ChristineAbbott@LiveWellHolistic.com

CLIENT REGISTRATION:

Today's Date:________________________________Client Date of Birth:______________________________________

Client Name:____Gender: M_____ F_____

Address:____City:_______________State:__CT___Zip:___________

Email:_______________________________________Phone:_____________________Cell:______________________

Text messaging: ____Y____N

INSURANCE INFORMATION: **Primary Insurance Company**:_________________________________

ID#____Group #____

Policy Holder/Employees Name:____Relationship to Client:

Self____Spouse_____Parent___

Address if different from client:____

Employed by:_____________________________________Employee's birth date:___________Gender: M_____F_____

Secondary Insurance Company:____ID #:_____________________________

Policy Holder/Employee Name: ______________________________Employer:_________________________________

Employee Date of Birth:________________________________Relationship to Client: Self____Spouse____Parent____

Primary Care Physician:____**Phone:**_____________________________

List of Medications: ____

____

____

Client Signature:____**Date:**_________________________

Guardian/Parent Signature:____**Date:**_________________________

****Co-payments and Deductibles are due at the time services are rendered. Notice of cancellation is required 24 hours prior to your scheduled appointment to avoid at $75 missed fee.**

*****OFFICE USE ONLY*******

Co-Payment Due:_____________________**Primary DX Code:** _________________**Secondary DX Code:**___________

Deductible Due:____________________**Prior Auth/ #Sessions approved:**_________**Effective Dates:**______**to**_____