

SUMBITTING CLIENT PAPERWORK

Official guide for new clients



Visit clearwatercounselingpc.org. Click on the "New Client Paperwork" tab on the homepage.

CLEARWATER COUNSELING, PC
MENTAL HEALTH SERVICES

Home About Services Contact Blog - In Clear View Telehealth Information **New Client Paperwork**

Creating health from the *center* of your well being
Ready to start your journey?
Schedule your appointment today!
308-210-8487

Why Clearwater Counseling?

The better question is *why not* us. Clearwater Counseling, PC is dedicated to offering personalized and compassionate care individuals of all ages and backgrounds. Our experienced therapists aim to treat a variety of mental health diagnoses while promoting growth, development and well-being. We firmly believe that all individuals deserve access to quality mental health services in order to live happier, fuller lives. What are you waiting for?

Our Promise

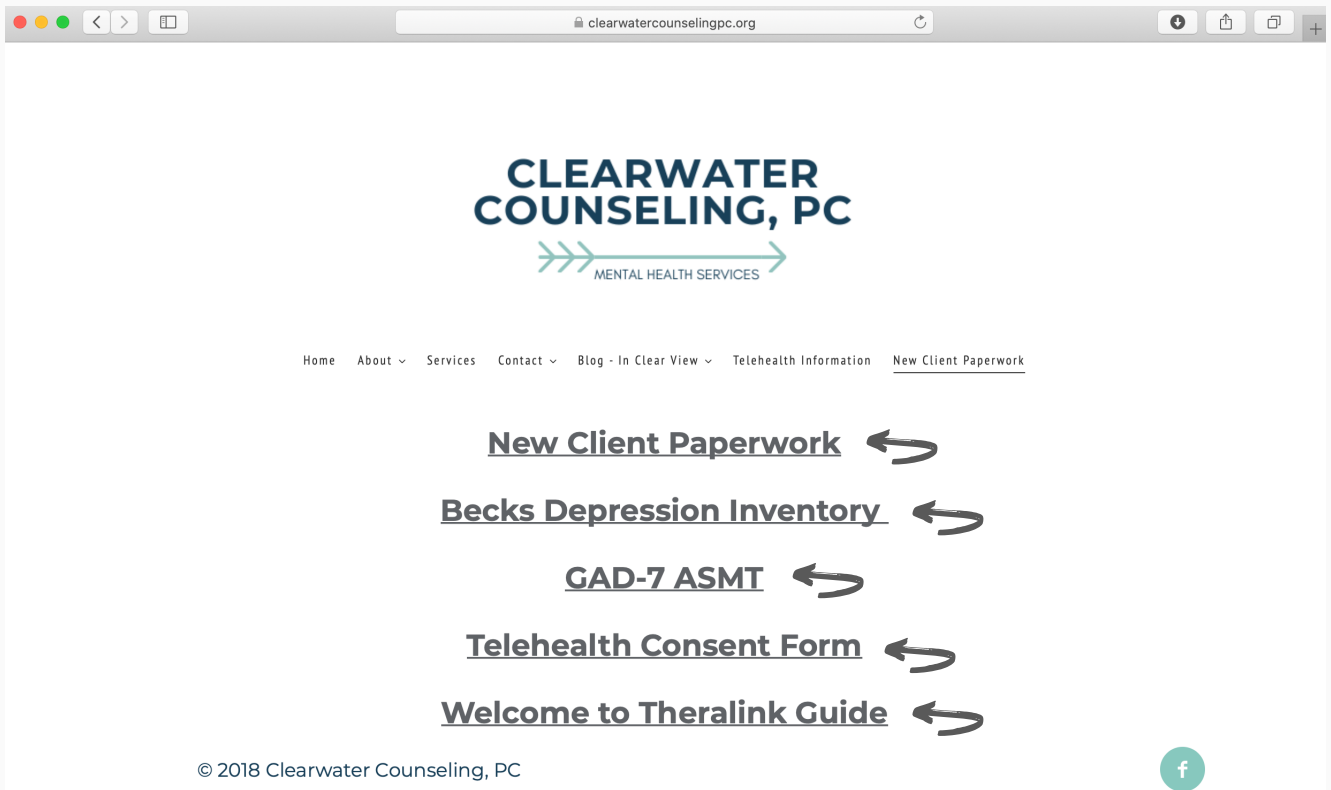
We are committed to walking beside our clients through their journey. We offer the very best skills and support so that our clients may recognize their true potential and strengths. Through identifying the strategies that will work best for each individual, we empower our clients to live a life filled with happiness.

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Psychology Today



Click on any paperwork/form to view it.





Hover over the blank spaces and click to fill in your information.



CLEARWATER COUNSELING, PC



Client Information Form

Name: Last First _____ M.I. _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email Address: _____ *Please note if it is not okay to contact you via any of these methods.*

Birth Date: _____ Social Security #: _____ Sex: M _____ F _____

Marital Status: Married _____ Single _____ Divorced _____ Live-in _____

Payment for Services Information

Check here for **private payment** without health insurance: _____ at a rate of _____ per session

Insured's Employer's Name: _____

Insured's Employer's Address: _____

Primary Insurance: _____ Policy #: _____



Fill in your information.

Not Secure — uploads.documents.cimpress.io

CLEARWATER COUNSELING, PC

MENTAL HEALTH SERVICES

Client Information Form

Name: Last Smith First John M.I. _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email Address: _____ *Please note if it is not okay to contact you via any of these methods.*

Birth Date: _____ Social Security #: _____ Sex: M _____ F _____

Marital Status: Married _____ Single _____ Divorced _____ Live-in _____

Payment for Services Information

Check here for **private payment** without health insurance: _____ at a rate of _____ per session

Insured's Employer's Name: _____

Insured's Employer's Address: _____

Primary Insurance: _____ Policy #: _____

Step 5:

Export the PDF to your computer by clicking "File" from your computer's menu.
 *Note: You can also export the PDF first and then fill out your information.

CLEARWATER COUNSELING, PC
 MENTAL HEALTH SERVICES

Client Information Form

Name: Last Smith First John M.I. _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email Address: _____ *Please note if it is not okay to contact you via any of these methods.*

Birth Date: _____ Social Security #: _____ Sex: M _____ F _____

Marital Status: Married _____ Single _____ Divorced _____ Live-in _____

Payment for Services Information

Check here for **private payment** without health insurance: _____ at a rate of _____ per session

Insured's Employer's Name: _____

Insured's Employer's Address: _____

Primary Insurance: _____ Policy #: _____



Send the PDF document(s) via email to your therapist. (Email addresses listed below.)

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