

**THE SUMMIT COUNSELING CENTER**  
**Client Information and Client Consent for Treatment**

COMPLETE FULLY AND RETURN TO FRONT DESK. PLEASE PRINT. Date: \_\_\_\_\_

**CONTACT INFORMATION**

Client's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City State Zip

E-Mail Address: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_  Can leave VM

Alternate Phone: \_\_\_\_\_

How would you like to receive your upcoming appt notification.  
Choose email and/or one contact via phone:

Preferred Phone  Call **OR**  Text

Alt Phone  Call **OR**  Text

E-Mail  Reminder-Only  Program, Groups & Classes

**Please select one "Insurance Type"**

Uninsured  Medicaid  Private Insurance  Self-Pay

**FOR MINORS ONLY**

Name of School: \_\_\_\_\_ H.S. Grad Yr: \_\_\_\_

Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact?  Yes  No

Guardian #2 Name: \_\_\_\_\_

Address (if different) \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact?  Yes  No

My child receives (or is eligible for) free/reduced Lunch

**IN CASE OF EMERGENCY** (If not indicated above)

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

**CLIENT BACKGROUND INFO**

**Marital Status**

Single  Married  Partnered

Divorced  Separated  Widowed

**Race** (Select All That Apply)

White  Black/African-American

Asian  American Indian

Native Hawaiian/Pacific Islander

**Ethnicity**  Hispanic  Non-Hispanic

**Sexual Orientation:** (Optional)

St  Ga  Le  Bi  Tr  Qu  In  As

**Gender**

Male  Female

Non-Binary  Other \_\_\_\_\_

**Household Income**

\$0 - \$14,999

\$15,000 - \$30,999

\$31,000 - \$44,999

\$45,000 - \$65,999

\$66,000 - \$80,999

\$81,000 - \$100,000

\$100,000 or more

**Family Size** \_\_\_\_

**Employment Industry**

*If minor, check parent's employer.*

Retail

Student

Construction

Real Estate

Unemployed

Food Services

Education & Training

Arts & Recreation Services

Financial & Insurance Services

Public Administration & Safety

Customer Service & Administrative

Health Care & Social Assistance

Homemaker/Domestic Worker

Information Media & Telecomm.

1st Responders & Law Enforcement

Other: \_\_\_\_\_

The Summit Counseling Center's mission is to provide professional counseling, consultation and education services utilizing an integrated approach to care for the whole person – Body, Mind, Spirit & Community. These optional questions below help us in accomplishing this goal.

**REFERRAL INFORMATION**

How did you hear about the Summit? \_\_\_\_\_

How do you identify spiritually?  Christian  Jewish  Muslim  Other: \_\_\_\_\_

Place of Worship \_\_\_\_\_ or  Not Applicable

What brings you to The Summit?

Recovery/Addiction  Grief/Trauma/Loss  Depression

Anxiety  Behavioral Issues  Couples Therapy

Clergy/Congregational Care  Family Therapy  Other: \_\_\_\_\_

Client's Preferred language:  English  Spanish  Korean  Mandarin  Other: \_\_\_\_\_

Parent's Preferred language:  English  Spanish  Korean  Mandarin  Other: \_\_\_\_\_

The Summit is currently considered an **out-of network** provider, however in an effort to better serve our community, we would like to gather information about your current insurance provider. The Summit will be exploring opportunities to accept insurance in the near future.

Policyholder Name: \_\_\_\_\_ Policyholder SSN: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy/ID# \_\_\_\_\_

Insurance Address: \_\_\_\_\_ Group ID#: \_\_\_\_\_

\_\_\_\_\_ Insurance Phone: \_\_\_\_\_

City State Zip Fax: \_\_\_\_\_

I have received, read, understand, and agree to The Summit's Consent and Service Agreement, Standard Fee Information, Client Rights and Responsibilities, and HIPAA Privacy Policy.

I give full **consent** for evaluation and treatment until I otherwise notify The Summit Counseling Center. I am the parent/legal guardian and have **legal responsibility** for the above-named minor child.

**Client/Parent/Legal Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

Primary Service Location:  Main  JCUMC  DUMC  Milton  CFUMC  SOS

Information checked in Valant: Date: \_\_\_\_\_ By: \_\_\_\_\_