

**Bethany, Yates & Associates**  
Personal Counseling and Consulting

**Information for Confidential and Professional Use Only**

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone(\_\_\_\_) \_\_\_\_\_

Work Phone(\_\_\_\_) \_\_\_\_\_ Birthdate \_\_\_\_\_

Mobile Phone(\_\_\_\_) \_\_\_\_\_ May we text/email you  Yes  No

May we leave a message for you at home?  Yes  NO Work?  Yes  No

e-mail address \_\_\_\_\_ Sex:  Male  Female

Single  Married  Divorced  Separated  Widowed  Employed  Student

Who referred you to us? \_\_\_\_\_

Insurance Company \_\_\_\_\_ Insurance Co. Customer Service #(\_\_\_\_) \_\_\_\_\_

Insured's Name \_\_\_\_\_  Self  Spouse  Child  Other

Insured's SS Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Insured's I.D. Number \_\_\_\_\_

Insured's address if different from client/patient \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_

Insured's Birthdate \_\_\_\_\_ Sex  Male  Female

Employer's Name \_\_\_\_\_

Reason for coming in: \_\_\_\_\_

Previous Treatment  Yes  No

Previous Therapist: \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_

Medications currently taking:

1) \_\_\_\_\_ Dosage/Freq. \_\_\_\_\_ Start Date \_\_\_\_\_ Purpose \_\_\_\_\_

2) \_\_\_\_\_ Dosage/Freq. \_\_\_\_\_ Start Date \_\_\_\_\_ Purpose \_\_\_\_\_

3) \_\_\_\_\_ Dosage/Freq. \_\_\_\_\_ Start Date \_\_\_\_\_ Purpose \_\_\_\_\_

Prescribed by \_\_\_\_\_ Date of last medical evaluation \_\_\_\_\_ Date of next appt. \_\_\_\_\_