

Tracy Lamperti, LMHC, BCETS
Lamperti Counseling & Consultation

26 Wampum Dr.
PO Box 1924
Brewster, MA 02631
Phone & Fax 774-722-5919

Date: _____

Client Name: _____

Client DOB: _____ Gender: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Email Address: _____

Home/Mailing Address: _____

Referred by: _____

Primary Care Physician: _____

Current Medications and Dosage: _____

Allergies or other Medical Problems: _____

Emergency Contact

Name: _____ Relationship: _____ Phone: _____

Responsible Party (If different from above)

Name: _____ DOB: _____

Relationship to Client: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Email Address: _____

Home/Mailing Address: _____

Insurance Information

Insurance Company Name: _____

Policy Number: _____

Insurance Phone Number: _____

Insurance Address: _____

Secondary Insurance Information

Insurance Company Name: _____

Policy Number: _____

Insurance Phone Number: _____

Insurance Address: _____

Treatment Agreement

I hereby authorize Tracy Lamperti to:

_____ Render services to me (or my dependent).

_____ File claims with my insurer on my (or my dependent's) behalf.

_____ Release information require for claims submission and service verification.

_____ Use a photocopy of my signature for insurance purposes.

I hereby acknowledge the following:

_____ I am responsible for notifying Tracy Lamperti in the event of any change in my insurance coverage.

_____ I am responsible for payment in full for any agreed upon services rendered that are not covered by my insurance.

_____ I am responsible for payment of all co-payments or deductibles on the date services are rendered.

_____ I am responsible for notifying Tracy Lamperti if I am receiving any mental health services from another provider.

_____ I am responsible for paying \$40 for appointments missed without giving 24 hours notice.

Client/Parent/Guardian Signature: _____ Date: _____

Client/Parent/Guardian Signature: _____ Date: _____

Office Use Only:

Dx: _____
