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Upper Room Counseling

13121 Co Rd 16, Blair, NE 68008
402.426.9020
Upperoomcounseling.com

Demographic / Billing Information

Client Name _____ DOB ____/____/____ M/F _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Occupation _____ Marital Status _____ Spouse Name (if applicable) _____

Spouse Phone #_____ Children (ages and names) _____

Email _____ **Preferred Contact: ☐ Phone ☐ Text ☐ Email Ok to leave voicemail? Y / N**

Emergency Contact (name, relationship to you, phone number) _____

Who referred you or how did you hear about us? _____

Health Information:

Name of Primary Care Physician_____ Phone #_____

Can I contact this Physician for your coordination of care? _____

Current Medications Dosage Date Prescribed

_____

_____

Overall health: _____very good _____ good _____ average _____ declining

Recent health changes _____ Known Allergies _____

Previous counseling or mental health treatment _____

Please circle any area of concern you may wish to discuss during the counseling process:

stress	anxiety	communication	substance abuse/overuse	relational conflicts
grief & loss	depression	sexual issues	parents/in-law	childhood hurts
anger	marital issues	finances	appearance	suicidal thoughts
faith	occupational	past abuse	abortion	other: _____

What impact has this concern had on your overall health / relationships / employment / life? _____

_____

Are there any people you would like to utilize as support in your care? _____

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Person Responsible for Payment: _____ **Cash, Check and Credit / Debit Card accepted.**

☐ **Self-Pay**

☐ **Insurance** Company _____ Customer Service Phone # _____

Primary Policy Holder Name and DOB _____ ____/____/____ M/F_____

Address _____ Phone # _____ Client's relationship to policy holder _____

ID# _____ Group# _____ Employer_____

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Client Signature _____ **Date** _____

Guardian (if required) _____ Date _____