



Client: _____

Date : _____

CLIENT INFORMATION

First Name: _____ Last Name: _____

Birth Date: _____ Gender: Male Female

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____ Cell Phone: _____

Marital Status: Married Single Divorced Widowed Other

Emergency Contact: _____ Phone: _____

Previous Therapist: _____

How did you hear about us?

I was referred by _____

Other _____

INSURANCE INFORMATION

Primary Insurance

Name of Insurance Company: _____ State: _____

Policy Holder Name: _____ Birth Date: _____

Member ID: _____ Group: _____

Name of Employer: _____

Relationship to Insurance holder: Self Parent Child Spouse Other _____

SECONDARY INSURANCE: _____

Phone number for copayments: _____

The Journey Therapy utilizes Ivy Pay. After the first session, you will receive a text prompt to input your credit card information. Ivy Pay is a HIPPA-approved app that charges your credit card for copayments. The Journey Therapy does not have access to your account information.

Please notify us within 24 hours of any cancellation of appointments.

CLIENT /GUARDIAN SIGNATURE
(IF MINOR)

Date