Bartleman Counseling, PLLC
Happy Hour Counseling

New Patient Documentation

Patient Information

_____ _____
Last Name First Name

_____
Address

_____ _____ _____
City State Zip

_____ _____ _____
Primary Phone Secondary Phone Date of Birth

_____
Email Address

May we leave messages on your telephone identifying our office? (please check one) ▢ Yes ▢ No

_____ _____
Employer Occupation

Who Else Is Living In Your Home?

_____
_____

Other Information

Have you ever had counseling before? (please check one) ▢ Yes ▢ No
If yes, please tell us when and for home long?

_____
_____

Why did you discontinuing counseling?

_____
_____

Have you ever taken medication to help depression, anxiety, etc.? (please check one) ▢ Yes ▢ No
If so, please list names and dosages of medications and indicate if past or current.

_____
_____

Please provide any additional providers, prescribers, or individuals that you would like involved in your treatment.

_____
_____

I understand that I am legally responsible for all charges rendered to me and/or a minor child in my custody for services provided by Dawn Bartleman, LPC, NCC. I understand that a 24-hour notice is required to cancel or change an appointment, otherwise I will be charged $50 for the missed appointment (insurance does NOT cover missed appointments).

_____ _____
Signature (client/parent/legal guardian) Date

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