

Bellevue Family Counseling, LLC
1601 116th Ave NE, Ste. 102
Bellevue, WA 98004
Main 425-417-4700
Fax 425-454-1476

New Client Questionnaire

Today's Date: _____

Client Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Email Address: _____

If here for **Couples Counseling**?- Partner's name _____ Phone: _____

Email Address: _____

If here for **Child Therapy**? - Parent's name: _____ Phone: _____

Other Child: _____ Birth date: _____

Other Child: _____ Birth date: _____

Emergency contact Name: _____ Phone: _____

Please describe the general problem you are seeking help for today: _____

Insurance Information*

**We request payment up front for our services, however if you provide insurance information below, Bellevue Family Counseling, LLC will bill your insurance company directly as a courtesy. Reimbursement from your insurance company is not guaranteed.*

Name of insurance company: _____ Policy or ID Number: _____

Insurance Provider Phone: _____ Group Number: _____

Name of subscriber (*if different than client*): _____ Birth date: _____

Coverage details: _____

Client Signature

_____/_____/_____
Date

Client Signature