**New Client Initial Screening**

Hello and welcome to The Time is Always Now Therapy Group! Please fill this form in and email back to the sender (s) with a picture of your insurance card front and back. We will verify benefits and let you know what your copay/co-insurance payment will be.

 Today’s Date:

Full name: Preferred pronouns:

Date of birth:

Email/cell:

Home address:

Occupation/School:

Referral Source: Phone: Email:

**If minor,**

 Guardian (1) name: Guardian 2 name:

Address: Address:

Email/cell: Email/cell

Availability for sessions Days/Times:

Check one:

In-person only Virtual only No preference

Previous treatment:

Brief explanation of presenting issues (add more space if needed):

Insurance carrier:

Member ID# Group #

Policy holder name: DOB:

 Relationship to client:

Telehealth (if applicable) and Simple Practice client portal:

* The therapist will send an email invitation so you will have access to the Simple Practice client portal where you will be able to fill out the intake forms.
* Please fill out forms before the first session and email a photo of your insurance card front and back
* Please prepare for teletherapy by setting up a quiet, private place without distractions using zoom or Simple Practice or any HIPPA approved platform.
* First session will be 60 minutes and 50 minutes thereafter
* We look forward to working with you!