

Judy Schrader, LMHC
Licensed Mental Health Counselor

Beachside Counseling & Wellness, LLC 122 4th Ave, Suite 200, Indialantic, FL 32903
Ph: 321-327-3793

Client Information

Date: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Birthplace: City/ State/ Country _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

(Please check best number to leave message)

Email: _____ Would you like reminder messages via email? Y N

Would you like to be added to our email list to receive updates about our services and therapy groups? Y N

Gender: _____ Date of Birth: _____

Referred by: _____ Phone: _____

May I thank this individual for the referral? (Please Initial) Yes: _____ No: _____

Responsible Party Information (IF OTHER THAN CLIENT)

Relationship: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer Information

Employer: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Information

Name: _____ Relationship: _____ Phone: _____

Please complete the other side of this form

The self-pay fee for psychotherapy, initial consultation is \$175.00. All following visits are \$160.00.

The self-pay fee for couple's and family therapy visits is \$200.00.

The Late Cancel / No show fee is \$80.00.

All visits covered by insurance are subject to your policy's copay and/or deductible.

I have reviewed the Introduction to Psychotherapy and Financial Agreement information, and I voluntarily agree to participate in psychotherapy services.

_____	_____	_____
Print name	Signature of client or responsible party	Date

Insurance Information

Judy Schrader, LMHC

Please let us know if you need a superbill for out of network reimbursement.

Please read and sign the following.

I authorize the release of any medical or other information necessary to process this claim. I authorize payment of medical benefits to Judy Schrader, LMHC. I also request payment of government benefits either to myself or to the party who accepts assignment as indicated on the insurance claim form.

Signature: _____ Date: _____