Patricia A. Milks, LMHC **4535 Southwestern Blvd, Suite 802, Hamburg, NY 14075**
ascendlmhc@gmail.com **716-523-4947** **FAX: 716-302-4947**

New Client Information Form

Please print legibly and sign your name where indicated

General Information

Name _____ Birth Date _____ SS# _____

Address/City/Zip _____

Cell/Phone: _____ Email: _____

How should I identify myself if I need to contact you? _____

(If there is/are any limitations on me calling you, please note:

_____

Insurance Information

Insurance Co. _____ ID# _____ Group# _____

Insured's Name _____ Insured's SS# _____ Relationship to you _____

Secondary Insurance Co./ ID# _____

I authorize my counselor, Patricia Milks, to release information needed to obtain mental health insurance benefits. I understand that I can rescind this authorization at my request, and in writing, should I make other arrangements for payment of services rendered.

Signed _____ ***Date*** _____

Miscellaneous Information

Emergency Contact Person _____ Phone _____

Referred by Whom _____ Presenting Concern _____

Primary Physician to be contacted in case of emergency _____ Phone _____

- *Please be aware that I do not participate with all insurances. Let me know if you have any questions about that.*

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- *Please remove any call blocking device you have should you need me to contact you between sessions.*
- *Please let me know if your condition is related to a work or auto injury.*
- *If you are in crisis and cannot wait for a return call, please contact Crisis Services (834-3131) or the Police.*
- ***You will be billed for the cost of your visit for any missed appointment without 24 hours notice. I cannot bill your insurance for missed appointments.***

I have read and understand the above information

Signed _____ ***Date*** _____ _____

New York Notice Form

I am required to provide you with the attached Notice of Policies & Practices to protect the privacy of your health information. Please keep this for your records. As required by Federal Law (HIPAA), please sign to indicate that you've received the NY Notice Form. ***Signed*** _ _____ ***Date*** _____