



PHOENIX RISING COUNSELING
28a Mashamoquet Rd. Pomfret Center, CT. 06259
PH. 860-792-6396 Fax 860-932-3506

Client Information:

First Name: _____ Last Name: _____

Date of Birth: _____ Age: _____ Social Security Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Mobile Phone Number: _____

Gender: _____ Gender Identity: _____

Relationship Status: _____ Employer or School: _____

Primary Care Physician (name & phone): _____

Psychiatrist/APRN/Other Prescriber (name & phone): _____

Referral Source (internet, friend, school, therapist, doctor): _____

***If client is a minor, please complete this section: ***

Name of Parent/Guardian: _____ Email Address: _____

Parent/Guardian Mobile Phone Number: _____ Home Number: _____

Parent/Guardian Street Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact:

Name: _____ Relationship to Client: _____

Email Address: _____ Phone Number: _____

Health Insurance Information:

Insurance Company: _____ Policyholder: _____

Member ID Number: _____ Group ID Number: _____

Secondary Insurance Information: _____