



find dignity and respect within

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CLIENT INFORMATION SHEET

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____ Employer _____ Primary Doctor: _____

Referral Source _____ Marital Status _____

Are you currently seeing another therapist? Yes No

PHONE NUMBER: _____ Email address: _____

If you are under 18, please list your parent/guardian here:

Name of Parent/Guardian: _____ Their Phone Number: _____

Address of Parent/Guardian: (write same if it is the same as yours)

I give permission for Stonehouse Counseling to leave me messages:

At the above phone number: Yes No

At the above email: Yes No

I prefer to be contacted by the following method: Phone. Email. Other: _____

I am the primary subscriber for my insurance: Yes No

If you are not the primary subscriber on your insurance, please fill in the information below:

Primary subscriber's name: _____ Subscriber's Date of Birth: _____

Subscriber's relationship to you: Spouse Parent Other: _____

Primary Subscriber's Address (write "same" if address is the same as yours above):
