

Patient Information

Name _____ Date of Birth: _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell phone _____ Which number is best to call you on?

H W C

Do we have your permission to leave a message at your home or business? Y N

Email _____

Would you like to be on our mailing list? Y N

Emergency Contact Name _____ Phone _____

Family Members	Ages	Religion	Education	Occupation

Present Marital Status

Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

Previous marriages

Dates _____ Spouse's name _____ Children _____

While Ascend Consulting is not in-network with any insurance company, you may have out-of-network coverage. You are also welcome to use your flexible spending account to pay for counseling services. Please call your insurer to see if you have these benefits.

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All appointments must be canceled 24 hours in advance or you will be billed for that hour.
Payment of fee is patient's responsibility and is expected at time of service.

Signature _____

Date _____

Referred by: _____