

Margie Underwood, MA, LCPC
Underwood Counseling Services
Maryland Telehealth
(240) 712-4215

Client Information Form

Date _____
Name _____
Legal Name _____
Parent/Guardian Name (if client is under 18) _____
Parent/Guardian Legal Name _____
Client Date of Birth _____ Age _____ Gender Identity _____
Gender Assigned at Birth _____
Preferred Pronouns _____ Ethnic Identity _____
Street Address _____ City _____ State _____
Zip Code _____ Ok to send mail? _____
Email _____

Telephone Number(s)
Cell _____ Ok to text / leave a voice message? _____
Home _____ Ok to leave a message? _____
Work/Other _____ Ok to leave a message? _____
Best times to call _____

Emergency Contact
Name _____ Relationship _____
Phone Number _____

Occupation _____ Employer/School _____
Type of counseling you are seeking (please check all that apply):
Individual Adult _____ Individual Adolescent _____ Couple _____ Family _____

Primary Insurance Carrier _____ Member ID # _____
Group # _____
Name of Primary Insured _____ DOB _____
SS # _____

Secondary Insurance Carrier _____ Member ID # _____
Group # _____
Name of Primary Insured _____ DOB _____
SS # _____

Referral Source _____

**Margie Underwood, MA, LCPC
Underwood Counseling Services
Maryland Telehealth
(240) 712-4215**

Please tell me a bit about what brings you to counseling. _____

What do you hope to accomplish through counseling? _____

I look forward to working with you!!