Silver Lining Counseling Services LLC
Elizabeth Ross LMFT LPC
13511 Northgate Estates Dr, Ste 200
Colorado Springs, CO 80921
Phone: 719-339-4179
E-mail: elizabeth@younifycounseling.com

Today's Date_____

Client Name_____**Age**_____**DOB**_____

Address:_____**Zip**_____

Home Phone_____**Work Phone**_____

Cell Phone_____**Email**_____

Employer/School_____**SS#**_____

Business Address_____**Zip**_____

Father/Spouse_____**Employer**_____

Business Address_____**Zip**_____

Mother/Spouse_____**Employer**_____

Business Address_____**Zip**_____

Name of Insurance CO._____**Insured**_____**Policy #**_____

Address of Ins. CO _____**Phone**_____

Secondary Ins. CO_____**Policy #**_____

Address of 2nd Ins. CO_____**Phone**_____

In case of an emergency, list the name and phone number of a local relative or friend:_____
_____

List all immediate family members (i.e. father, mother, spouse, children)

Name	DOB	Age	Sex	Relationship

Referral Source:_____**Family Physician**_____
Give a brief description of the reason(s) that you are here_____

Previous Therapy? Yes____No____If so, with whom/reason/dates_____