

Karmyn Vaughn, LICSW

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DOVER, NH 03820
(603)-742-1373 Ext: 116

New Client Intake Form

Name _____ Date _____

Address _____ City _____

State _____ Zip _____

Telephone (home) _____ Work _____

Cell Phone _____ Email _____

Age _____ Date of Birth _____ Occupation _____

Emergency Contact Name _____ Phone _____

Insurance Company _____

Insurance Billing Address _____

Policy number _____

Group Number _____

Policyholder's Name and Date of Birth and Address

Confirmed your mental health benefits & have met your deductible? YES ___ NO ___

Confirmed your Copay amount? YES ___ NO ___

***Please bring a copy of all your health insurance cards on your first appointment**

Referred By _____

Primary Reason for Appointment

How did you hear about my practice?