

Couples Information Sheet

Today's Date: ___ / ___ / 201__

Partner 1: _____

Partner 2: _____

Date of birth: _____

Date of birth: _____

Telephone #s: Home _____

Home _____

(Place * star next to best #)

Cell _____

Cell _____

Work _____

Work _____

OK to leave messages? yes / no

yes / no

Email _____

Email _____

Mailing address 1: _____

Mailing address 2 (if different): _____

Occupation: _____

Currently in individual therapy?: yes / no

yes / no

Children names and ages, if any: _____

Referred to this office by: _____

Fees and Insurance: *Payment by check or cash is requested at each session. Checks returned for insufficient funds are assessed a service fee of \$30.00 per check. Patients who wish to utilize insurance benefits can request a monthly statement reflecting the service provided and payments made, which may be submitted directly to the insurance company for reimbursement. Since your insurance policy is a contract between you and your insurer, you are advised to understand its provisions. As the insured, you are entitled to an explanation if your insurer rejects your claim for any reason. Rejection of your claim does not, however, relieve you of the obligation to pay for services provided. Your initials below verify that you understand that you alone are responsible for payment of fees.* **Initial here:** _____

Do you require a monthly statement to seek insurance reimbursement? Yes No (circle one)

Cancellation Policy: *In order to avoid being charged for a missed session, you must cancel at least 24 hours prior to the scheduled session. Note that insurers do not reimburse for sessions cancelled with insufficient notice.* **Initial here:** _____

Communications: *Messages may be left at (323) 655-4060 at any time. Those left after 9:00 pm may not be returned until morning; non-emergency weekend calls may not be returned until Monday. E-mail is used only for the purpose of scheduling appointments.* **Initial here:** _____

I have read the foregoing and my signature below attests to my understanding of these policies.

Signature

Date

Signature

Date

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Individual, Group and Couples Psychotherapy

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