

**Teresa Donato**  
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**Face Sheet**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth (DOB): \_\_\_\_\_ Parent's Name if minor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ May I leave a message? Yes No

May I text you? Yes No

Email: \_\_\_\_\_ May I email you? Yes No

Who referred you to my private practice?

Emergency Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**INSURANCE INFORMATION OR I CAN COPY CARD:**

Insurance Company: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Insured's Date of Birth: \_\_\_\_\_ Insured's SSN #: \_\_\_\_\_

Insured's Employer: \_\_\_\_\_ Policy Name: \_\_\_\_\_

Insured's Member ID #: \_\_\_\_\_ Insured's Group #: \_\_\_\_\_

Insured's Relationship to the Client: \_\_\_\_\_ Authorization # (if needed): \_\_\_\_\_

Customer Service Phone # (for MH/SA): \_\_\_\_\_

Address for Submitting Claims: \_\_\_\_\_

**PRESENTING ISSUE:**

\_\_\_\_\_  
\_\_\_\_\_

**CURRENT MEDICATIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_