Marlena Love, MSW, LICSW
Love and Associates
145 Bel-Red Road, B202
Bellevue, WA 98007

COUNSELING CLIENT LETTER

Sending my warmest welcome! When you decide to make that first appointment you are already on your road to change.

To better serve you, we need the enclosed forms completed before your initial appointment. Please fill forms out as completely as possible, following these guidelines:

1. Fill out all attached forms. Provide all possible phone contact information and indicate if any of these are confidential phone numbers and whether we can leave confidential messages on those.

2. When completing the insurance information, please indicate the following:

   A. Whether or not you require pre-approval for counseling sessions payments.
   B. Any limits on the number of visits.
   C. Whether there is a monetary cap (dollar limit) on visits.
   D. If your insurance company requires a referral from your primary care provider, you will need to obtain this prior to counseling services being provided.

3. We will need an enlarged copy of your insurance card or bring the card with you to your first visit, and we can make the copy for you.

4. There is a $30 one-time registration fee at the time of your first session.

5. Your first visit must be paid on the day of service by check, cash, debit card, Visa/MC even if billed to your insurance company. Your account will be credited for the total amount of this initial payment upon receipt, and it may be applied to future co-pays or deductibles.

6. Please arrive 20 minutes before your scheduled intake appointment to assure all paperwork is complete and in order.

If you have any questions regarding paperwork, appointments, fees or insurance, please Marlena Love at 425-444-2963, or email:

I look forward to working with you!

Marlena Love

Marlena Love, MSW

Form 501

CLIENT DATA

INTAKE

Office Use Only:
Procedure Code: _____
Diagnosis: _____

Today's Date: _____

HOUSEHOLD NAMES

ADULT NAMES: [Mark "*" in front of primary client's name.]

Last _____ First _____ Sex _____ DOB _____ Age _____

Employer _____ Title _____ Email _____

Last _____ First _____ Sex _____ DOB _____ Age _____

Employer _____ Title _____ Email _____

CHILD(REN) NAME(S):

Last _____ First _____ Sex _____ DOB _____ Age _____ School _____ Grade _____

Last _____ First _____ Sex _____ DOB _____ Age _____ School _____ Grade _____

Last _____ First _____ Sex _____ DOB _____ Age _____ School _____ Grade _____

Last _____ First _____ Sex _____ DOB _____ Age _____ School _____ Grade _____

MAILING ADDRESS

Name: _____
Address: _____ City: _____ ST: _____ Zip: _____
Home Phone: (__) _____ Man's Cell: (__) _____ Woman's Cell: (__) _____
Email Email

BACKGROUND

Referred By: _____ May we send thank you? _____
Doctor's Name: _____ May we stay in contact? _____
Current Medications: _____
Medical History: _____
Previous Therapist's Name: _____ Approx. # Sessions: __ Treatment Date/Period of Time: _____
Emergency Contact: _____ Relationship: _____ Telephone: _____
Today's Counseling Issues: _____

INSURANCE

PRIMARY INSURANCE: Name: _____ Phone: _____
Address: _____ City: _____ ST: _____ Zip: _____
Insured's ID #: _____ Insured's Name: _____
Insured's Group #: _____ Insured's Employer's Name: _____
Insurance Plan Name or Program Name: _____
Family Members on Plan: _____
SECONDARY INSURANCE: Name: _____ Phone: _____
Address: _____ City: _____ ST: _____ Zip: _____
Insured's ID #: _____ Insured's Name: _____
Insured's Group #: _____ Insured's Employer's Name: _____
Insurance Plan Name or Program Name: _____
Family Members on Plan: _____

Co-Payment % of Fee: _____ Deductible Amount: _____ Lifetime Benefit Max: $_____

Co-Payment Amount: _____ Amount Satisfied: _____ Pre-Authorization: Yes _____ No _____

Amount Max. Benefit: _____ Annual Max. Visits: _____

Marlena Love, MSW, LCSW

Couples, Family, and Individual Counselor, Personal Coach
14535 Bel-Red Road Suite 202
Bellevue, WA 98007
425.444.2963

Insurance Payment Information

Client name:	**SS #:**
Spouse/Partner name:	
Home phone:	**Work phone:**
Cell phone:	**Date of Birth:**
Address:	**Email:**
Name of primary care physician:	**Referred by:**
Employer:	**Position:**

:

☐ **Self pay**: I will pay your fee without insurance at the time service is provided via cash, check, credit card. **Ask about our discount for non-insurance transactions.**

☐ **Insurance**: I accept that submission of insurance is a courtesy and realize I am responsible for researching copays and deductibles in advance, paying any and all outstanding balances at the time of service.

Insurance Company:	**Insured's ID number:**	**Insured's Date of Birth:**	**Policy Group:**
Client Name:	**Relation to Insured:**	**Insured's Address:**	**Insured's Phone:**

Backup Payment: Marlena Love, MSW, LCSW, uses a highly secure credit card payment system. A 3% processing fee will be automatically added to all transactions at the time of processing by our credit processor. A receipt will be sent via your Email or text SMS before you leave our office.

By signing the line below, you authorize us to have your credit card information securely stored by Marlena Love, MSW, until your file is closed. You also authorize Marlena Love, MSW, LCSW to charge your credit card for any outstanding bills. Charges are typically made for such items as copayments, no show/late cancellation fees, and deductible payments.

1) Name as it appears on your credit card.

_____ _____
First Last

2) Card Type (please circle): Visa MasterCard HealthSavingsAccount AMEX
Card Number:_____
Expiration Date: _____
Card Verification Code: _____*(The verification number is a 3-digit number printed on the back right of your card)*
Your zip code_____

SIGNATURE_____Date_____

INTENTIONS WORK SHEET

Please email back when complete to Marlena@Marlenalove.com

Name:_____Date_____

1. What are you hoping to accomplish in our work together?

2. What are your biggest challenges right now?

3. List the changes you've experienced in the last 18 months (good and bad).

4. What have you already tried to create order in your universe and what helped the most?

5. Describe the last time you were feeling peaceful and accomplished and loved and what created that state?

6. What supports are the most effective at motivating you toward your objectives?