

Esther Goldberg, MS, LPC (License #C1270)
(541) 326-1454

Date: _____

Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Home Phone _____ Work Phone _____

Name and Address of Employer

Name of School (if student)

Insurance Information:

What is your relationship to the individual carrying the policy? _____

Policy Name _____ Group Number _____

Subscriber ID #: _____

Insurance Co. Address _____

Insurance Co. Phone _____

Name of Individual Carrying Policy _____

Birth Date of Individual Carrying Policy _____

Address of Individual Carrying Policy _____

Employer of Individual Carrying Policy _____

Phone Number of Individual Carrying Policy _____

Briefly describe what problems or concerns brought you here today:

Have you had any prior counseling experience? Yes _____ No _____
If yes, for what issue:

Medical Information:

Physician's Name and Phone Number:

Medications and Medical Conditions:
