



Odyssey Counseling

Let us help you put your life back together

Demographic Information

Name: _____
(First) (Middle) (Last)

Date of birth: ____ / ____ / ____ Marital status: _____

Name of parent/guardian if under 18: _____

Home address: _____

_____ City State Zip

Phone: _____ cell / home / work

Email: _____

Please indicate which forms of communication you authorize Odyssey Counseling to utilize when contacting you or you contacting Odyssey and your therapist. Initial each that apply. Please understand that these may NOT be confidential forms of communication.

_____ (Phone) _____ (Email) _____ (Texting)

Emergency contact: _____ Relationship to you: _____

Emergency contact phone: _____

_____ By initialing here, I give Odyssey Counseling permission to release information to my emergency contact in the case of an emergency. (Please refer to the Statement of Understanding for exceptions in which permission is not required.)

Who referred you to Odyssey Counseling? _____

For Internal Use Only

Primary insurance company: _____

Dx: _____

Copay amount: _____

Primary counselor: _____