Regina A. BlackWolf, LICSW, MAC **206.375.7657**
Approaching Authenticity, PLLC fax: 206.319.5325
12812 3rd Ave SE, Suite A www.approachingauthenticity.com
Everett, WA 98208 regina@approachingauthenticity.com

Client Registration

Name _____DOB _____

Preferred Name_____Gender_____Pronouns _____

Address_____ Email_____

Cite, State, Zip_____Phone _____

Employer: _____

Health Insurance Provider_____

ID Number_____Group #_____

Insured Name if other than self_____

Insured DOB//Employer _____

Relationship Status_____Significant Other Name_____

Emergency Contact _____

Medications/Doctor_____

Person who referred you_____May I thank them?_____

Medical History (surgeries, major illness, etc)_____

_____

Reason for seeking counseling_____

_____

_____

I hereby authorize payment of benefits from my insurance provider directly to Approaching Authenticity, PLLC dba Regina A. BlackWolf, MSW, as provider of outpatient mental health services. I understand that I am financially responsible for any amounts not payable/reimbursed by insurance. Additionally, I understand that I will be billed for missed appointments if I am unable to give at least 48 hours notice.

Signature_____Date_____