



**TRUE NORTH COUNSELING, LLC**  
*Find your inner compass*

Therapist: Sally E. Hansen, MS, LIMHP

Initial Intake Date: \_\_\_\_\_

**Client Information:**

Client Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Ok to leave voicemail? Yes or No

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status: Single Married Divorced Widowed

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ O.K. to call? Yes or No

Cell Phone: \_\_\_\_\_ O.K. to leave voicemail? Yes or No

O.K. to send text? Yes or No Email address: \_\_\_\_\_

Who referred you to True North Counseling/Sally E. Hansen: \_\_\_\_\_

**Spouse/Significant Other/Guardian:** \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Person to contact in case of Emergency:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

True North Counseling, LLC  
5814 South 142<sup>nd</sup> Street  
Omaha, NE 68137  
531-466-4696

**Insurance Information**

Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Insured's Name: \_\_\_\_\_

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

Insured's Address: \_\_\_\_\_

Insured's Employer: \_\_\_\_\_

**ALL PAYMENTS ARE DUE AT THE TIME OF SERVICE UNLESS OTHER FINANCIAL ARRANGEMENTS HAVE BEEN MADE IN ADVANCE. UNPAID BALANCES OVER 90 DAYS OLD MAY BE TURNED OVER TO COLLECTIONS.**

**Client/Guardian Printed Name:** \_\_\_\_\_

**Client/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_