



Peggy Bolcoa, PhD, LMFT
Individual, Marital and Relationship Therapy

Intake Information (Please Print Clearly)

Client Name or Names (if Couple)_____

Birth Date (or dates)_____Marital Status_____

Children (names and ages)_____

Complete Address incl Zip code_____

Preferred Phone numbers for each client and note if confidential plz:

Previous counseling and/or psychiatrist and length of treatment:

Medications you are currently taking_____

Who referred you to me?_____

Your therapy sessions are billed at \$150.00 per session. It is your responsibility to pay the fee at the beginning of each session. I do not do insurance billing, however, I will be happy to provide you with a receipt (super-bill) accepted by most insurance companies for reimbursement. **I understand that I am responsible to notify my therapist 24 hours in advance in order to cancel my appointment or I will be charged for the full session.**

Signature or Signatures **date**_____