

**OPEN DOOR COUNSELING in PA**  
**Karen Ingalls, LPC**

CLIENT NAME: \_\_\_\_\_  
Client Date of Birth: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

**Will your first visits be covered by an Employee Assistance Program (EAP)?**

EAP Name: \_\_\_\_\_ Auth Code/Number: \_\_\_\_\_  
(If known) (Wellspan, SEAP, Health Advocate, CIGNA, Aetna) (If known)

How many sessions will your EAP cover? \_\_\_\_\_  
(If known)

**Insurance Company:** \_\_\_\_\_

ID # \_\_\_\_\_

Name of main insurance holder: \_\_\_\_\_

Date of birth of main insurance holder: \_\_\_\_\_

**EMERGENCY INFORMATION:**

In case of emergency, please contact:

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

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

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

Relationship: \_\_\_\_\_



**PLEASE FEEL FREE TO TAKE NOTES DURING YOUR SESSIONS!**