

Referral made/Date: _____

Janet Voss, LCPC, CADC, Psychotherapist
Certified Emotionally Focused Couples Therapist
EFT Supervisor

22 Green Bay Road, Ste 200
Winnetka, IL 60093
847-764-9231
janetmvoss@gmail.com

CLIENT CONTACT INFORMATION

NOTE: Add your information to this form, save the form, then attach to an email back to Janet. You must actually "save" or "save as" this form once you complete it.

Client Information:

Your Name: _____ DOB: _____ Marital Status: _____

Street Address: _____ City/State/Zip: _____

Preferred Phone Number: _____ Email: _____

For Couples Therapy: RE: **Spouse/Partner:**

Name: _____ DOB: _____

Phone Number: _____ Email: _____

Other members of your household:

NAME	RELATIONSHIP

Referred by: ___ Self ___ Friend ___ Physician ___ Other _____

Name of person who referred you: _____ May Janet thank him/her? ___ Y ___ N

Are you or your partner currently under the care of a psychiatrist? ___ Y ___ N

Name of MD (self): _____ Name of MD (partner): _____

Payment Information: Payment is expected on the day of service. 24-hour notice required for cancellation to avoid being charged. Alternatively, to avoid the fee, one partner may use the appointment time individually—either by phone, Zoom, or in person.

Please send a monthly superbill statement for insurance reimbursement: Yes ___ No ___

Preferred method of payment:

___ Check (in-person only)

___ Credit Card#: _____ Exp. Date: _____ Security Code: _____

___ Zelle via email: janetmvoss@gmail.com

Psychotherapy meeting frequency "best practices" is: weekly or twice a month.
Session Fees: 1 hour \$225, 1.25 hour \$270, 1.5 hour \$320.
Most individual sessions are scheduled for 60 minutes and most couple sessions are scheduled for 75 minutes.

Signature (Type your name here)

Today's Date