

Sonya Thomas, LCSW  
Licensed Clinical Social Worker  
615.330.4405

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Last Name	First Name	Middle Initial	SSN	Date
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DOB	Age	Sex	Relationship/Marital Status	Referral Source
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Street Address	City	State	Zip
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Home Phone	Cell Phone	Work Phone	Emergency Contact
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\*Please place a check by the phone numbers above at which I may contact you and leave a message

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Employer	Address	City	State	Zip
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Spouse/Partner's Last Name	First Name	Middle Initial	SSN	DOB
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Spouse/Partner's Employer	Work Phone	Cell Phone
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\*Please place a check by the phone numbers above at which I may contact or leave a message for your spouse/partner.

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Personal Physician	Phone	Date of Last Physical
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What has led you to choose counseling at this time?

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## Responsible Party Information

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Name of person responsible for payment

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Mailing Address (if different from page 1)

I understand that payment in full is due on the day of appointment. The fee for a 50 minute session is \$100.00. I understand that Sonya Thomas will not bill insurance for services rendered, but will provide a receipt for client to submit to their insurance provider for their personal reimbursement (if applicable).

Payment for appointments missed with less than a 24 hour notice is expected. Please send missed appointment fee to:

Sonya Thomas, LCSW  
210 25<sup>th</sup> Avenue North  
Suite 500  
Nashville, TN  
37203