Independent Contractor: Michael Vaughn, MA, PLPC, RES
Supervisor: Dr. Lindsay Bonebrake, LCPC-KS, LPC-MO, NCC, RPT
1201 NW Briarcliff Parkway Suite 200 Kansas City, MO 64116
Telephone: 816-590-0700 Email: mike@livingwaterskc.com Website: livingwaterskc.com

INTAKE INFORMATION **Todays Date:** _____

Patient's Name: _____ Patient's DOB _____

Patient's Address_____
Street City State Zip

Phone with Area Code: Cell _____ Okay to leave a voice message? _____

Work _____ Okay to contact you/leave message? _____

Personal Email: _____ Okay to email to this address? _____

Living Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Employer _____

Work Email: _____ Okay to send mail to this address? _____

Spouse's/Partner's Name _____ Date of Birth _____

Address _____
Street City State Zip

Employer _____

Phone with Area Code: Cell _____ Okay to contact you/leave message? _____

Work _____ Okay to contact you/leave message? _____

Please list additional family members living with you:

	Name	Relationship	Date of Birth	Employer/School
1.				
2.				
3.				

Physician _____
Name Address Phone #

SS# _____ Payment Method _____ Billing Zip Code _____

Name on Card: _____ Expiration Date: _____

Credit/Debit Card # to be retained on file: _____ CVC # _____

Name of Referral Source: _____
I agree to allow my therapist to inform my referral source that I have attended an initial session

Yes ☐ No ☐ Signature: _____

Revised 10/20/2018