



# COHESION INTERVENTION SERVICES

Rebecca Bullion, LCSW, CIP

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COHESIONTN.COM • 615.414.2995

info@cohesiontn.com

## CLIENT INFORMATION

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Which # do you prefer to be contacted? \_\_\_\_\_

May we leave a message? \_\_\_\_\_

### Emergency Contact Person:

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

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

How were you referred to this office: \_\_\_\_\_

### Fees:

Fees for service are \$125.00 for the first session and \$100.00 thereafter. We are in-network with some insurance companies. Please provide insurance card at time of intake for copying. Also, please call insurance company prior to intake to check deductible, copays and precertification requirements.

Payments for service can be made via check, cash, or card.