

# LPS Counseling, LLC

## Instructions on filling-in and submitting the In-take forms digitally:

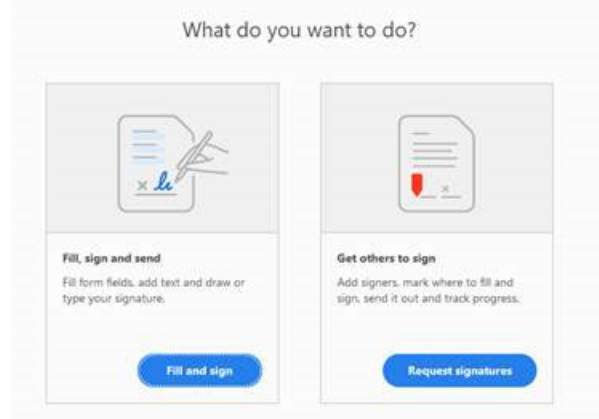
Please download the Adobe Acrobat Reader DC here:

<https://get.adobe.com/reader/>


Click on “Fill & Sign” from the right tool bar menu



You will be prompted with “What do you want to do?” – “Click on Fill and Sign”



To Fill in fields, simply move your mouse to the Field, Click on your left mouse button, and simply start typing.



### Client Information Form

**Insurance Information:**

Date

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Parent/Guardian if Minor \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Work) \_\_\_\_\_

Email \_\_\_\_\_ May we leave a message?  Yes  No



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Name of Parent/Guardian if Minor \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Work) \_\_\_\_\_

Email \_\_\_\_\_ May we leave a message?  Yes  No

SS# \_\_\_\_\_ Gender  M  F

Employer \_\_\_\_\_

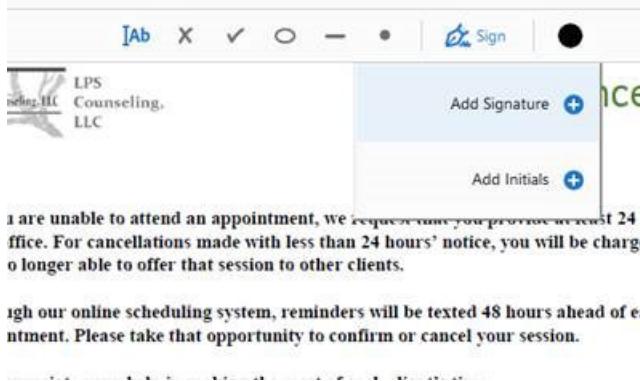
School (If Patient is a Student) \_\_\_\_\_

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When adding a signature to the document, Click on the “Sign” Button on the Top of the Document



Click on “Add Signature”



You can “type” , “Draw” or upload a Signature “Image”



Click on “APPLY” to save your signature.

Drag the signature to the Appropriate Location.

**We appreciate your help in making the most of each client’s time.**



When you finished filling up and digitally signing the forms completely. Save your document, and attach it to your email to: [lisapsaavedra@gmail.com](mailto:lisapsaavedra@gmail.com)