

Jeanne Plo, M.Ed., M.A.
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Licensed Clinical Mental Health Counselor, VT #068-0000065

Confidential Client Information / Intake Form

Name: _____ **Today's Date:** _____

Identify as: M___ F___

Birthdate: _____ **Place of Birth (optional):** _____

Current Address: _____

Email Address: _____

Telephone: _____

Name of Primary Care Physician: _____

Names of Other Health Care Specialists: _____

Insurance Coverage Through: _____

Insured Member Name & Address: _____

Member ID: _____

Group ID: _____

Referral Source: _____

Please return form by email to jeanne.plo@gmail.com
or by mail to Jeanne Plo, 416 South Willard Street, Burlington, Vermont 05401