

Client Information

Name: _____

Address: _____

Phone: _____ Phone: _____

Date of Birth: _____ SSN: _____

email address:

Do I have your permission to send you occasional news letters? Yes No

n case of emergency, notify: _____

How did you learn of my practice? (Circle all that apply)

I found your website using a search engine.

Which search engine?

What search word(s) did you use?

I found you on Psychology Today.

I was referred to you. Who referred you?

I already knew about you. How did you know about me?

Other. Explain:

FOR THOSE USING INSURANCE:

Insurance: _____

Name of your Employer: _____ Plan: _____

Policy ID Number: _____ Group Number: _____

Name of Insured person: _____

Employer of Insured person: _____

Date of birth of Insured person: _____ Is there more than one insurance policy? Y N

What is your co-pay? _____ (Please note co-pay is due at each session.)

Address to send insurance claims:

Phone number of insurance: _____