New Client Information Sheet

Date: ________________

Client Name: _____________________________________ DOB: ______________________

Age: ______________ SSN (optional): ____

Address: ____

City: _____________________________________ State: _________ ZIP: ______________

Phone Residence: _________________ Cell: ________________ Other: _______________

Occupation/Employer: ____________________________________ How Long: ____________

Emergency Contact: _______________________________ Phone: _____________________

Who Client Lives With: ____

Responsible Party:

_____ Self- Pay

Name: ____ DOB: _________________________

Age: ______________ SSN (optional): ____

Address: ____

City: _____________________________________ State: _________ ZIP: ______________

Phone Residence: _________________ Cell: ________________ Other: _______________

Employer: ____

*If YOU plan on filing a claim with your insurance, please complete the following:

Insurance Company Name: ___________________________________ Phone:_____________

Subscriber ID Number: _______________________________ Cardholder: __________________

Prior Psychiatric/Psychological Treatment/Hospitalizations/Mental Health Services:

Dates:_______________ Name: ___________________________ Location: ______________

Dates:_______________ Name: ___________________________ Location: ______________

Dates:_______________ Name: ___________________________ Location: ______________

Dates:_______________ Name: ___________________________ Location: ______________

Dates:_______________ Name: ___________________________ Location: ______________

Dates:_______________ Name: ___________________________ Location: ______________

Medical Conditions: ____

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Primary Care Physician: ____

Legal Involvement: ____

Reason for Visit: ____

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Referral Source: ____

Please List ALL Medications: ____

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*I do not file your insurance or accept payments from insurance companies directly. However, you may choose to file a claim for sessions. If you choose to file a claim, I will provide documentation as you need, including a diagnosis which will go in your medical chart. It is advised that you contact your insurance prior to filing a claim with them in order to find out what policies and procedures your insurance company has and to find out if they will reimburse you.