

Client Information Sheet

This information is required for insurance billing or for other necessary recordkeeping. If you have insurance, some items will appear on reports to your plan. Otherwise, this information will not be disclosed without your permission except as specified in my Notice of Privacy Practices.

No changes or additions _____

Name (if insured, exactly as shown on insurance card):

(Ms/Mrs/Mr/Dr etc:) _____ First: _____ (MI:) _____ none Last:

Name you'd like to be called by here (nickname or other): _____

Phones(s): _____

Open messages okay (Y/N,limits) [] (can I leave messages about schedules, etc)

Address: (# & st:) _____

(city:) _____ (st:) _____ (zip:) _____

Date of birth: _____ male female

This Information is optional:

Partner/Spouse: none/not applicable (first:) _____ (last:) _____

Name to call them (nickname, etc): _____

Emergency contact (name & phone): _____

Fax #: _____

Other info & notes: _____

Date printed: _____ Date filled out: _____ Your initials: _____