



date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Alternate Phone: _____

OK to leave texts: yes____ no____ ok to leave voice mail: yes____ no____

Home? Work?

(please circle)

Email Address: _____ Date of Birth: _____

How did you find me?

Emergency Contact (optional): _____

Marital Status: _____ Single _____ Married _____ Domestic Partner _____ Divorced _____

Widowed

Employed by: _____ Occupation: _____

PT? FT? Student?

financial and responsible party information:

Person Responsible for Payment: _____ Self _____ Other

If other, please complete the following:

Name & relationship to you: _____

Address: _____ City,

State: _____

Zip Code: _____ Date of Birth: _____ Phone #: _____

assignment and release:

I certify that I &/or my dependent have insurance coverage and assign directly to Nancy Gardner, LCSW, all benefits otherwise payable to me for services rendered. I understand that I am financially responsible for all charges not paid by insurance as described on the reverse side. I authorize Nancy Gardner, LCSW to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

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Responsible Party Signature	Relationship to Client	Date