



**Barbara Witkow, LMHC**

## **NEW CLIENT INFORMATION**

Today's Date: \_\_\_\_\_

### **GENERAL INFORMATION**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

*(please circle)*

May I phone you at these numbers ? Y N      Leave a message at these numbers ? Y N

May I send correspondence to this address? Y N

### **MEDICAL, INSURANCE & REFERRAL INFORMATION**

Name of Primary Care Provider: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Insurance Company \_\_\_\_\_

IF Premera: ID / Group # \_\_\_\_\_

By whom were you referred ? \_\_\_\_\_ May I thank them ? Y N

### **EMERGENCY CONTACT**

Who should I contact in case of emergency? \_\_\_\_\_

Relationship to you ? \_\_\_\_\_ Cell Phone: \_\_\_\_\_