Sarah Perl, LCSW PLLC – Resilient Self Therapy

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CLIENT INFORMATION FORM

Name_____ Date of Birth _____ Age_____

Nickname: _____ Gender Identification:_____ Sexual Orientation:_____

Marital Status: Single □ Married □ Divorced □ Legally Separated □ Widowed □ Domestic Partnership □
Address_____
Is it okay for me to send mail to your address if necessary? Yes □ No □
Phone #_____Secondary #_____
Is it okay for me to contact you by phone? Yes □ No □
Is it okay for me to leave you a voicemail if necessary? Yes □ No □
Email Address_____
Is it okay for me to email you regarding non-clinical matters (i.e. scheduling)? Yes □ No □
*Please note that email is not a confidential form of communication and I strongly discourage any electronic communication of clinical relevance.
Permitted Methods of Contact (check all that apply):
Phone □ Mail □ Email □ Text Message □
Occupation_____Employer_____

Do you have medical insurance? Yes □ No □
If yes, what company is your medical insurance with? _____
Do you have out of network benefits? Yes □ No □ Unsure □
Would you like a monthly invoice to use for out of network claim submission?
Yes □ No □ Unsure □
If yes, please indicate the format you'd like your invoice: Hard Copy □ Email* □
*Email is not a secure method of transmitting your Protected Health Information and you are waiving your right if selected.
Will anyone be helping pay for your therapy? Yes □ No □ Unsure □
If Yes, whom? Spouse □ Family □ Friend □ Other_____

Emergency Contact Information:
Name of Emergency Contact:_____
Phone #:_____Relationship to you:_____
Does your emergency contact know that you come to therapy? Yes □ No □
Would you like for your <u>first name</u> and <u>phone number</u> (ONLY) to be included on a client list that would be used for you to be contacted in the event that your therapist was unable to reach you due to an emergency?
Yes □ No □

Signature provides authorization for all forms of contact methods as identified above:
Signature:_____

Name (Printed): _____

Date:_____