

New Client Information Form
Please print legibly and sign your name where indicated

General Information

Name Birth Date SS#

Address/City/Zip

Phone-Home Work Cell

How can identify myself should I need to contact you?

(If there are any limitations on me calling you, please note them here)

Miscellaneous Information

Emergency Contact Person & Relationship Phone

Referred by Whom Presenting Concern

Primary Physician to be contacted in case of emergency Phone

- Please be aware that I do not participate with insurances. Let me know if you have any questions about that.
Please remove any call blocking device you have should you need me to contact you between sessions.
Please let me know if your condition is related to a work or auto injury.
If you are in crisis and cannot wait for a return call, please contact Crisis Services (for adults) @ 834-3131, Spectrum Cares (for children and adolescents) @ 882-4357, or the Police @ 911.
You will be billed for the cost of your visit for any missed appointment without 24 hours prior notice.

I have read and understand the above information

Signed Date

New York Notice Form

I am required to provide you with the attached Notice of Policies & Practices to protect the privacy of your health information. Please keep this for your records. As required by Federal Law (HIPAA), please sign to indicate that you've received the NY Notice Form. Signed Date