

Client Information Sheet

Name: _____

Address: _____

Phone numbers:

Home: (_____) _____

Work: (_____) _____

Cell: (_____) _____

Preferred e-mail address: _____

Please state clearly any restrictions you have concerning my contacting you or leaving messages for you at any of the phone numbers, e-mail address or postal address you provided above:

How did you find out about my services? _____

Birth date: _____

If you intend to submit my charges to your insurance company or employer program for reimbursement or credit:

Name of insurance or type of employer program: _____

How often do you want me to give you a Statement of Service to submit to your insurance or employer?

_____ monthly (at the last session of each month)

_____ at each session*

*(Note: if you are paying monthly for group therapy, I will only give you a statement once a month.)

In case of emergency, I authorize Larry Cohen, LICSW to contact the following person(s):

Name: _____ Relationship: _____

Phone number(s): _____

Name: _____ Relationship: _____

Phone number(s): _____

Name: _____ Relationship: _____

Phone number(s): _____

Your signature: _____ Date: _____