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**Data Sheet**

Todays date:_____

Name:_____Email_____

Name you prefer to be called:_____ Social Security #_____Date of Birth:_____
Race_____Gender_____

Marital Status_____Spouse/Partner name_____Spiritual Preference_____

Address:_____City_____Zip_____

Home Phone:_____Work Phone:_____Cell/other:_____

May we leave a message at Home_____ Work_____Cell/other_____? What is the best time to reach you?_____

Would you like an appointment reminder by text or email? _____ If so at what number or email?_____

Emergency Contact Name:_____Phone_____Relationship to you_____

Referred by: _____ May we contact them to thank them for the referral? _____

If you were not referred, how did you find out about us? Facebook, Google, Psychology Today, Radio ad, Friend or family, Other:_____

Occupation:_____ Place of Work:_____ full-time student?_____
Number of hours per week that you work:_____ Highest education level: _____

Briefly describe the main reason that you are here for care:_____

_____

**Insurance Information:**

Name of insured if different than client_____Employer_____

Insured's SSN_____Insured's DOB_____Relationship to client_____

Insured's Address_____

Insurance Company_____Plan name_____Member ID#_____Group#_____

Phone # (on back of card)_____Claims address_____
**Have you called for authorization and to confirm mental health benefits as well as information regarding co-pays or deductible? _____Please supply all information from confirmation call below.**
**(As stated in our Professional disclosure, it is your responsibility to call regarding authorization and benefits. You will be charged full session fees until coverage is confirmed.)**
Policy effective date _____ Ded. Amount for ind._____fam_____Combined w/ medical?_____

Amount met_____Policy covers LCSW?_____Therapist in network?_____Out of network benefits?_____

Number of visits allowed annually?_____Copay_____Authorization needed?_____If so,authorization code?_____

Authorization units_____CPT code_____CPT code_____Date range authorization: from _____to_____

Referral needed? ___ **_Do you have any Medicare Benefits?____**