

# Jacquelyn Singer, LCSW

Name of Client(s): \_\_\_\_\_  
Last First Middle

\_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Social Security #: \_\_\_\_\_

Relationship Status: Single Partnered Married Re-Married Separated Divorced Widowed

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (1): \_\_\_\_\_ Phone (2): \_\_\_\_\_ May I leave a message? Yes No

Occupation: \_\_\_\_\_ Place of Employment/School: \_\_\_\_\_

In case of emergency, please contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Parent/Legal Guardian (if client is under 18): \_\_\_\_\_

**Insurance Card Holder Information (If using BlueCross/BlueShield or Aetna):**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship: \_\_\_\_\_

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

Insurance Provider: \_\_\_\_\_ ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

Employer: \_\_\_\_\_

I/we understand that all fees/charges incurred are my responsibility or the responsibility of my parent/legal guardian. I/we agree to pay all fees and charges regardless of whether or not I/we choose to utilize insurance benefits.

Client's Name (please print): \_\_\_\_\_

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear of me? \_\_\_\_\_ May I thank whoever referred you? Yes No

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_