NEW PATIENT INTAKE FORM

Psychotherapy & Social Work Concepts LCSW, P.C.

· 5505 Nesconset Highway · Suite 207 · Mount Sinai, NY 11766 ·
· Tel: (631) 509-6210 · Fax: (631) 509-6212 · www.MSWWorld.com ·

CLIENT INFORMATION

Name: _____

Date of birth: _____/_____/_____

Address: _____

_____

Phone Numbers:

Home: (_____)_____-_____

Cell: (_____)_____-_____

Work: (_____)_____-_____

INSURANCE INFORMATION

Insured name:_____

Insured date of birth:_____

Relationship to insured:_____

Insurance company:_____

ID number:_____

Insurance company's phone number:

(_____)_____-_____

How did you hear about us?

_____

What brings you here today?

_____

_____

_____

Are you currently taking any medication? If so, which medication(s), what dosage and how frequent?

_____ _____ _____

_____ _____ _____

_____ _____ _____

Please be advised that fees are payable at the time of service. Client is responsible for any non-covered charges by insurance. Payment is expected for cancelled sessions unless at least 24 hours notice is given in advance.

I,_____, authorize Psychotherapy & Social Work Concepts
(Print Name)
LCSW, P.C. to mark the section “authorized person's signature on file“.
This section authorizes:
A) The release of any information necessary to process insurance
B) Payment of benefits for services rendered to Psychotherapy & Social Work Concepts LCSW, P.C.
This authorization will remain in effect until terminated in writing by the enrollee.

_____ _____/_____/_____

Client/Guardian Signature Date