susan SHANLEY, LCSW
Psychotherapy & Wellness

Client Information

Name: _____

Today's Date: _____ /_____ /_____ Date of Birth: _____ /_____ /_____

Address: _____

_____

Home phone: (_____)_____ Work phone: (_____)_____

Cell phone: (_____)_____

E-mail: _____

Contact stipulations (if any): _____

Emergency Contact Person: _____

Emergency Contact Person's Phone #: _____

Policyholder's Name (if different from above): _____

Policyholder's Address (if different from above): _____

Policyholder's Date of Birth: _____ /_____ /_____

Health Insurance Company: _____

Health Insurance ID #: _____ Co-pay: _____

Please copy your health insurance card and include with this form.

Susan V. Shanley, LCSW
163 Woodlawn Avenue, Saratoga Springs, NY 12866 | 518.275.5664
sus.shanley@gmail.com | susanshanley.com