

Sarah Perl, LCSW PLLC – Resilient Self Therapy

291 Wall Street Suite 3R Kingston, NY 12401

CLIENT INFORMATION FORM

Name _____ Date of Birth _____ Age _____

Nickname: _____ Gender Identification: _____ Sexual Orientation: _____

Marital Status: Single Married Divorced Legally Separated Widowed Domestic Partnership

Address _____ CITY _____ STATE _____ ZIP _____

Is it okay for us to send mail to your address if necessary? Yes No

Phone # _____ Secondary # _____

Is it okay for us to contact you by phone? Yes No

Is it okay for us to leave you a voicemail if necessary? Yes No

Email Address _____

Is it okay for us to email you regarding non-clinical matters (i.e. scheduling)? Yes No

*Please note that email is not a confidential form of communication and I strongly discourage any electronic communication of clinical relevance.

Permitted Methods of Contact (check all that apply):

Phone

Mail

Email

Text Message

Occupation _____ Employer _____

Do you have health insurance? Yes No

If yes, what company is your health insurance with? _____

Do you have out of network benefits? Yes No Unsure

Would you like a monthly invoice to use for out of network claim submission?

Yes No Unsure

If yes, please indicate the format you'd like your invoice:

Hard Copy Email* TherapyPortal (recommended)

*Email is not a secure method of transmitting your Protected Health Information and you are waiving your right if selected.

Will anyone be helping pay for your therapy? Yes No Unsure

If Yes, whom? Spouse Family Friend Other _____

Emergency Contact Information:

Name of Emergency Contact: _____

Phone #: _____ Relationship to you: _____

Does your emergency contact know that you come to therapy? Yes No

Would you like for your first name and phone number (ONLY) to be included on a client list that would be used for you to be contacted in the event that your therapist was unable to reach you due to an emergency?

Yes No

Signature provides authorization for all forms of contact methods as identified above:

Signature: _____

Name (Printed): _____

Date: _____