

Sarah Matheson, M.A., M.A., LPC
Individual and Relationship Psychotherapy

Client Information

Last Name of Client _____ First Name _____
Address _____ City _____ State _____
Zip _____ Home Telephone () _____ Work () _____ Cell () _____
Date of Birth _____ Marital Status _____ Email _____
Party _____ Relationship to Patient _____
Responsible Party Information (if other than self): Name _____
Address and Phone _____
Client's Employer _____ Address _____
Emergency Contact Person and Phone _____
How were you referred? _____

Information Pertaining to Spouse, Partner, Children, or Other

Spouse/Partner Last Name _____ First Name _____
Address _____ City _____ State _____
Zip _____ Home Telephone () _____ Work _____ Cell _____
Date of Birth _____ Social Security # _____ Email _____
Relationship to Client _____
Other Family Members and Dates of Birth:
1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____

Insurance Information

Insurance Company Name _____ Company Phone _____
Insured Party Full Name _____ Relationship to Client _____
ID Number _____ Group Number or Name _____

I hereby authorize Sarah Matheson to furnish to my insurance company any requested information concerning my present treatment. I hereby assign to Sarah Matheson all monies to which I am entitled for psychological expenses relative to the services reported on my insurance claim form. I understand that I am financially responsible to Sarah Matheson for charges not covered by this assignment.

Signature of Client _____ Date _____
Signature of Responsible Party _____ Date _____
