

Elizabeth Scott, LMFT

MARRIAGE & FAMILY THERAPIST

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NEW CLIENT INFORMATION

Client Information:

Legal Name _____

Social Security #: _____ - _____ - _____

Preferred Name _____

Date of Birth ____ / ____ / _____

Gender _____

Gender Identity _____

Physical Address (required)

Mailing Address (if different)

Cell Phone # (____) ____ - _____

Work Phone # (____) ____ - _____

Marital Status _____

Employer _____

Emergency Contact Information:

Name _____

Relationship to Client _____

Cell Phone # (____) ____ - _____

Work Phone # (____) ____ - _____

If Client is a Minor:

Parent/Guardian Name _____

Physical Address (required)

Mailing Address (if different)

Cell Phone # (____) ____ - _____

Work Phone # (____) ____ - _____

Additional Parent/Guardian Name _____

Physical Address (required)

Mailing Address (if different)

Cell Phone # (____) ____ - _____

Work Phone # (____) ____ - _____

Insurance Information:

Insurance Plan _____

Policy Holder Employer _____

Policy # _____

Group # _____

Policy Holder Name _____

Policy Holder Social Security #: _____ - _____ - _____

Policy Holder Date of Birth ____ / ____ / _____

Policy Holder Address (required)

Please indicate your referral source

Other Information to Consider:

Are you seeing any other therapists or a psychiatrist? If yes, please list below:

Please use the space below if you would like to provide any other information that will assist in your treatment or the treatment of the client, including but not limited to information about the party responsible for the client and payment for services.

Certification:

By signing below, I certify that this information is true and correct to the best of my knowledge. I will notify the provider of any changes in any of the information listed, including insurance changes. I authorize Elizabeth Scott to release any necessary information, such as diagnosis or service provided, to process my insurance claim and payment of benefits to my insurance carrier.

Client Name (please print) _____

Client Signature _____ Date _____

Client Name (please print) _____

Client Signature _____ Date _____

Parent/Guardian Name (please print) _____

Signature Parent/Guardian _____ Date _____