

**Welcome To My Office**  
**Stella A. Carpenter, LCSW, LLC**

Today's Date \_\_\_\_\_

Thank You For Choosing My Office.

In Order To Serve You Properly We Will Need the Following Information.

All Information Will Be Kept Strictly Confidential.

**PATIENT INFORMATION**

Patient Name: \_\_\_\_\_

Sex: Male

Female

\_\_\_\_\_  
Patient Address (including city, state, zip):

\_\_\_\_\_  
Patient Home#:

\_\_\_\_\_  
Patient Work#:

\_\_\_\_\_  
Patient Cell#:

\_\_\_\_\_  
Patient Birth Date:

\_\_\_\_\_  
Marital Status: Single, Married Separated,  
Divorced, Widowed

\_\_\_\_\_  
Patient Employment Status:

Full-Time Part-Time Not Employed

Retired Self-Employed

\_\_\_\_\_  
Patient Student Status:

Full-Time Part-Time

Not a Student

\_\_\_\_\_  
If Child, Parent's or Guardian's Name:

\_\_\_\_\_  
Whom May I Thank For Referring You?

**RESPONSIBLE PARTY INFORMATION**

\_\_\_\_\_  
Responsible Party's Name:

\_\_\_\_\_  
Responsible Party's Address (including city, state, zip):

\_\_\_\_\_  
Responsible Party's Home #:

\_\_\_\_\_  
Responsible Party's Work #:

\_\_\_\_\_  
Cell#:

**INSURANCE INFORMATION:**

\_\_\_\_\_  
Insurance Company's Name:

\_\_\_\_\_  
Insured's Name:

\_\_\_\_\_  
Insured's Address:

\_\_\_\_\_  
Insured's Birth Date:

Sex: Male Female

\_\_\_\_\_  
Insured's Employer's Name & Address (including city, state, zip):

\_\_\_\_\_  
Group#:

\_\_\_\_\_  
Policy#:

\_\_\_\_\_  
Medicare#:

I authorize this office to release any information necessary to expedite insurance claims including documentation required by my insurance company should my plan require it. I understand that I am responsible for all charges, regardless of insurance coverage and that a charge can be made for any appointments missed without adequate notice (24 hrs). I understand that all services are provided by a licensed provider. Should any case require consultation between different licensed providers, this authorization extends to that consultation and resultant insurance filings if applicable.

PATIENT, PARENT, or GUARDIAN Signature \_\_\_\_\_ Date \_\_\_\_\_