

Danielle Adler Witchel, LCSW

Personal Information Fact Sheet

Client Information

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____ Fax #: _____

Personal Information

Date of Birth: _____

Sex: M / F Soc. Sec. #: _____

Marital Status: _____ Number of Children: _____

Your Employer: _____

Your Occupation:

Medical Information

Primary Care Physician: _____

Address: _____

Phone Number: _____

Physical Diagnosis: _____

Psychiatrist Name: _____

Phone Number: _____

Current Medications: _____

Allergies: _____

Name(s) and age(s) of children. Include Stepchildren.

Name	Age	Location Where They Live
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Emergency Contact

Name: _____	Phone Number: _____
Address: _____	Relation: _____

Insurance Information

Insurance Company: _____	Policy #: _____
Subscriber: _____	Group#: _____
Employer of Subscriber: _____	
Insurance Company Address: _____	
Insurance Company Phone Number: _____	
Pre-Authorization Number (if applicable): _____	

