



Susan Estomin, LCSW
1 Main Street Suite 201D
Eatontown, NJ 07724

Client's Personal Information and Disclosure

Today's Date _____

Name _____ Social Security # _____

Address _____

Home or Cell Phone _____ Email address _____

Your Employer _____ Work Phone _____

Date of birth _____ Age _____ Sex _____ Marital Status _____

Emergency Contact and contact phone number _____

Name of Significant Other and relationship _____

Name of children (include stepchildren) age and indicate where they live if not with you:

Name	age	residence
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names of family of origin (please indicate if deceased and at what age):

Name	age	relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please briefly delineate any other information that you deem relevant:

Insurance and Medical Information

Insurance Co _____ Policy # _____

Subscriber Name _____ Group # _____

Employer of Subscriber _____

Insurance Co Address _____

Phone # _____ Fax # _____

Primary Care Physician _____

Address _____

Phone # _____

Relevant Illnesses _____

Illness currently being treated for _____

Medications currently being taken:

Name	dosage	treatment for
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you now have, or have you had, a problem with drugs or alcohol? Please explain

Signature

Therapist Relevant Notes: _____

Dx _____

Rate per session _____ co-pay _____

Bill to (if different from client) _____