

1135 SE Salmon, suite 106
Portland OR 97214
Rosanne@rosannemarmorlcsw.com

Client Contact Sheet

Name: _____ Gender: _____

Street Address: _____

City, State, Zip: _____

E-mail: _____

Date of Birth: _____ Age: _____

Home Phone: _____ Cell: _____

Please let me know if you have any concerns about my calling or leaving a message at any of these numbers.

Insurance Co.: _____ Group #: _____

Policy (ID) #: _____

Employer: _____ Occupation: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Name of insured person (*if you, there is no need complete this part*)

Date of Birth of Insured Person: _____ Phone: _____

Insured Person's Address: _____

AUTHORIZATION TO RELEASE INFORMATION AND ASSIGNMENT OF INSURANCE BENEFITS –

I hereby authorize Rosanne Marmor, LCSW to furnish my insurance company with all information required to process claims for payment.

I acknowledge that I am responsible for all charges not covered by insurance.

Signature

Date