

Larry Cohen, LICSW • SOCIAL ANXIETY HELP

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CLIENT INFORMATION SHEET

Name: _____ Birth date: _____

How did you find out about our services? _____

Gender identity: _____ Sexual orientation: _____

Ethnicity/race: _____ Religion/spirituality (if any): _____

Postal address: _____

Phone numbers: Cell: (_____) _____
Home: (_____) _____
Work: (_____) _____

Please state clearly any restrictions you have concerning my contacting you at the postal address or any of the phone numbers you provided above:

Email is not a completely secure form of communication. Social Anxiety Help encrypts all email we send you or receive from you for your security. Although it is very unlikely, it is still possible for hackers and others to see any email exchanges we have. Knowing this, please indicate the following:

Email addresses (if any) you authorize me to use: _____

State clearly any restrictions you have concerning my contacting you by email: _____

If you intend to submit my charges to your insurance company or employer program for reimbursement or credit:

Name of insurance or type of employer program: _____

How often do you want me to give you a Statement of Service to submit to your insurance or employer?

_____ monthly (at the last session of each month)

_____ at each session

In case of emergency, please list the persons you are authorizing me to contact in order to help you:

Name: _____ Relationship: _____

Phone number(s): _____

Name: _____ Relationship: _____

Phone number(s): _____

Signature: _____ Date: ____/____/____