STEVEN KATKIN AND ASSOCIATES, INC

All Matter Discussed Is Confidential Except As Required By Law, As In Cases Of Child Abuse Or In Cases Of Declared Intention Of Harm To Others Or Self.

Patient Information:
Patient Legal Name:_____
Social Security #_____ **Date of Birth** _____
Home Address: _____
City:_____ **State** _____ **Zip code**_____
Employer:_____
Home Phone _____ **Work Phone** _____
Emergency Contact Name: _____**Phone:**_____
relationship_____

Circle one: (Martial Status): Single Divorced Married Widowed
Sex: male female

<u>If Child,</u> lives with: Mother Father Both Parents
Other_____
Custodial Parent/Guardian_____
If you are not the custodial parent we will require "Permission to Treat" form to be completed by the custodial parent

<u>Insurance Carrier's Information:</u>
Relationship, is this the patient's (circle one): self parent Step-parent spouse
Name_____**Phone**_____
Address: city/st/zip_____
Employer_____**Phone**_____
Social Security #_____**Date birth**_____
Insurance Co._____**Have you called for authorization: <u>YES or NO</u> Authorization #** _____
Who referred you?_____
If you are using an Employee Assistance Program (EAP), please indicate who referred you?
_____**and their phone #**_____

WE REQUIRE A COPY OF YOUR INSURANCE CARD TO BILL SERVICES
Insurance billing is provided as a courtesy, however, you are responsible for all charges from the date the service is rendered.
All copay's and deductibles are to be paid at the time of the service unless prior arrangements have been made
Appointments cancelled without 24 hours notice: the client will be charged the full fee
I have read the above information
I understand that regardless of my insurance status,
<u>I am ultimately responsible for the balance of my account</u>

Signature_____**Date**_____

<u>Release of Information</u>

Past Therapist:_____**Phone**_____
Can we contact this physician for any records, testing, information that may assist in our treatment for
you?_____

Please sign_____**date**_____
Any release of information can be withdrawn at any time except to the extent that action has been taken in reliance thereon. Consent expires 60 days from the last date of treatment.