

Robyn E. Brickel, M.A., LMFT, LLC
Client Information Sheet

Name: _____ Age: _____ Birth date _____
(Identified Client)

Spouse/family members: _____ Age: _____ Birth date _____

Other family members: _____ Age: _____ Birth date _____

Other family members: _____ Age: _____ Birth date _____

Address: _____

E-Mail Address: _____ Home Phone #: _____

Cell Phone #: _____ Marital Status: _____

Employer: _____ Work Phone #: _____

May we contact you at home? _____ May we contact you at work? _____

Physician: _____ Are you taking any medications? _____

If yes, name(s) of medications: _____

Referred by: Yellow Pages AAMFT web site Friend/Relative Physician

Other: _____

Please describe why you are here: _____

Office Policies and Procedures:

If you are unable to keep an appointment, please notify the therapist immediately. If an appointment is cancelled or missed without 48 business hours notice, you will be billed for the time you have reserved.

Payment is expected, by client or responsible party, at the time services are rendered. Payment may be by cash or check.

We do not participate with any managed care insurance company plans, therefore, if you want to submit claims to your insurance company, you may do so. The therapist may provide the necessary diagnostic information, you will need to submit your claims, to you (the client). Whatever financial benefit the insurance company pays to you is your benefit.

Thank you for understanding the financial policy. Please let the therapist know if you have any questions or concerns.

I have read and agree to the financial policy:

X _____ Date: _____
(Signature of client or responsible party)