



ELENA DAVIS, LCSW
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LITTLETON, CO 80120
720-988-5620

NEW CLIENT INFORMATION

Today's Date: _____

Client Name: _____

Age / Date of Birth: _____ Home/Cell Phone: _____

If a minor, Parent(s) Names: _____ Ok to leave phone messages? Y N

Home Address: _____ Email Address: _____

Ok to send emails? Y N

IN CASE OF AN EMERGENCY --- I authorize Elena Davis, LCSW to contact the following person(s):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

-----INSURANCE INFORMATION-----

Primary Policyholder Name: _____

Insured's Employer: _____

Relationship to Client: SELF PARENT SPOUSE

Address (if different): _____

Date of Birth: _____

Social Security Number: _____

Do you have a secondary insurance? Y N

Please present your insurance card together with this form OR if card is unavailable, completed below:

Insurance Company Name: _____

Insurance Phone#: _____

Plan Name: _____

Insured's ID#: _____

Policy Group#: _____

Authorization to Release Information: I authorize the release of any medical or other information necessary to process insurance claims.

Authorization to Provide Payment: I authorize the payment of claims directly to Phoenix Rising Counseling & Psychotherapy, LLC.

Signature

Date

Signature

Date