Julia Gerhardt, LCSW, LLC
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Registration Form

Today's Date: ___________________________

Client Information:

Name: ____
(Last) (First) (Middle)
Date of Birth: ____/____/________ Gender: M / F SSN: _____________________________
Marital Status: Single / Married / Divorced / Widowed Employed? YES / NO
Occupation: ____________________________ Employer: ______________________________
Employer Phone Number: _______________________________________
Home Address: ____
(Street) (City) (State/Zip)
Home Phone: ___________________________ Email Address: ______________________________
Cell Phone: _____________________________ Referred By: _________________________________

Complete if Client is a Minor:

Parent 1: (Name) ____
Address: ____
Phone: ____________________________ Alternate #: ____________________________
Parent 2: (Name) ____
Address: ____
Phone: ____________________________ Alternate #: _____________________________

Emergency Contact Information:

Contact Name: ________________________ Relationship to Client: __________________________
Phone Number: _________________________ Alternate #: ____________________________

Insurance Information:

Primary Insurance Company Name: ____
Insurance Company Address: ___________________________________ Phone: ____________________
Name of Insured: ____
(Last) (First) (Middle)
Address of Insured: ____
(Street) (City) (State/Zip)
Phone of Insured: ___________________________ Cell Phone: ______________________________
Date of Birth of Insured: ______________________ Social Sec #: ____________________________
Employer: __________________________________ Occupation: ________________________
Patient Relationship to Insured: _______________ Subscriber ID: ___________________________
Group Number: ___________________________ Did you receive authorization? YES / NO
Deductible Amount: $ ______________________ Co-payment for office visits: $______________

Responsible Party (complete if person other than client is responsible for bill):

Name:____
(Last) (First) (Middle)
Home Address:____
(Street) (City) (State/Zip)
Home Phone:___________________________ Cell Phone: __________________________________
Date of Birth:_______________________ Social Security Number:______________________________
Occupation:________________________________Work Phone:__________________________________
Place of Employment: ____
Email address: ________________________ Relation to client: ______________________________

Secondary Insurance:

Insurance Company Name: ____
Address: ___________________________________ Phone: _______________________________
Subscriber ID#: ______________________________ Group #: ______________________________

EAP Information:

Are you eligible for EAP benefits? YES / NO
If yes, please provide the following:
Name of EAP Company: ____
Authorization #: ______________________________ Authorization date:______________________
Number of sessions: __________________________ EAP expiration date: ____________________

*Confidential Communication Preferences (circle all that apply):

Home Phone Cell Phone Work Phone *Email

If you choose to communicate with me via email, please be aware I do not use an encrypted email service, therefore email cannot be 100% guaranteed confidential.* ***Clinically relevant material will not be exchanged via email due to privacy risks.* *Also, confidential communication implies the use of voicemail to leave messages, if needed, unless otherwise indicated by you, the client.**

Would you like to receive appointment reminders via email? *YES NO*
(If "yes" please provide your email address on first page of this form and circle "email" above)

The above information is true to the best of my knowledge. I authorize my insurance benefits to be paid directly to the clinician. I understand that I am financially responsible for any balance still pending over 30 days and co-payment is due at the time of service. I also authorize Julia Gerhardt, LCSW, LLC or my insurance company to release any information required to process my claims.

____ _________________________
Client/Patient/Guardian Signature (Date)