CHAGRIN COUNSELING ASSOCIATES

29525 Chagrin Blvd., Suite 313
Pepper Pike, Ohio 44122

20525 Center Ridge Rd., Suite 365
Rocky River, Ohio 44116

CLIENT INFORMATION SHEET

Date_____

How were you referred to this office?_____

NAME_____

PARENT'S NAME (if minor) _____

ADDRESS_____

CITY_____ STATE_____ ZIP_____

DATE OF BIRTH_____ AGE_____

SEX: M F (circle)

EMAIL ADDRESS_____ MARITAL STATUS: S M SEP D W P (circle)

HOME PHONE_____ WORK PHONE_____

CELL PHONE_____ May we contact you at: Home, Work, Cell (circle any we may call)

INSURANCE PROVIDER _____

Do you have Medicare or are you Medicare eligible? Yes No (Circle)

Do you have insurance through the Cleveland Clinic Employee Health Plan? Yes No (Circle)

IN CASE OF EMERGENCY, PLEASE CONTACT_____

PHONE:_____ RELATIONSHIP TO CLIENT_____

MEDICATIONS?_____ ALLERGIES? Y N (circle)

Primary Care Physician _____ PHONE:_____