

Michaela Tork, LMFT, MFC # 46882

3808 Riverside Drive Suite #301

Toluca Lake/Burbank, Ca 91505

818 760-1372

michaela@michaelatork.com

CONFIDENTIAL CLIENT INFORMATION FORM

DATE

NAME

ADDRESS

CITY/ZIP

HOME PHONE #

WORK #

MOBILE #

EMAIL

PERSON TO CONTACT IN AN EMERGENCY:

RELATIONSHIP PHONE

EMPLOYER'S NAME

OCCUPATION

EDUCATIONAL BACKGROUND

THE NAME OF YOUR INSURANCE CARRIER

THE NAME OF THE PLAN

YOUR INSURANCE ID #

THE GROUP #

DATE OF BIRTH

SOCIAL SECURITY NUMBER

THE PHONE NUMBER ON THE BACK OF YOUR INSURANCE CARD

WHAT IS YOUR COPAY AMOUNT?

HAVE YOU MET YOUR DEDUCTIBLE?

If you are applying for EAP services, please include the name of the EAP insurance company & YOUR EAP AUTHORIZATION #

If you are not the primary insurance member and a dependent:

THE PRIMARY INSURANCE MEMBER'S NAME:

HIS/HER DATE OF BIRTH

HIS/HER INSURANCE ID #

THE GROUP #

HIS/HER SOCIAL SECURITY NUMBER

HIS/HER ADDRESS

CITY/ZIP

PHONE NUMBER

HIS/HER EMPLOYER'S NAME

HOW DID YOU FIND OUT ABOUT MY SERVICES?

WHAT WOULD YOU LIKE HELP WITH?

