

Lauren Morton, LCSW
6994 El Camino Real, Suite 205-I
Carlsbad, CA 92009

CLIENT INFORMATION SHEET

The information requested in this form will be kept confidential. Please fill out as completely as possible. Thank you.

Demographic Information

Name:	_____		
Address:	_____		
City:	State:	Zip Code:	
_____	_____	_____	
Date of Birth:	Age:	Social Security #:	
_____	_____	_____	
Home Phone:	Is it okay to leave a message for you at this number? Yes ___ No ___		
_____	_____		
Cellular Phone:	Is it okay to leave a message for you at this number? Yes ___ No ___		
_____	_____		

Emergency Contact Information

Person to Notify in Case of an Emergency:	_____	
Emergency Contact Phone:	Relationship to Contact:	
_____	_____	

Insurance Information

Insurance Carrier:	Policy #:	Group#:
_____	_____	_____
Primary Policy Holder's Name (if different than above):	Relationship to Client:	
_____	_____	
Primary Policy Holder's Address (if different than above):	_____	
_____	_____	
City:	State:	Zip Code:
_____	_____	_____
Date of Birth:	Social Security #:	
_____	_____	

I hereby authorize payment directly to Lauren Morton, LCSW of insurance benefits if applicable. I permit Lauren Morton to communicate with the above emergency contact if necessary.

Signature of Client: _____ Date: _____