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BASIC CLIENT INFORMATION

Client Information

Name: _____
Address: _____
Street City State Zip
Birth Date: _____ Age: _____ Gender: Male Female
Relationship Status: Married Separated Single
 Divorced Cohabiting Child
I agree to my co-pay of _____ at the end of each session.
If I am self-paying, I will pay _____ at the end of each session.
Whom shall I thank for the referral? _____

Contact Information

Home phone: _____ Best time to call: _____
Can I leave a message? Yes No
Work phone: _____
Can I call you in confidence at work? Yes No
Can I leave a message at work? Yes No
Parent to contact if client is a child? _____

Insurance Information

Name of insured (if different from patient): _____
Address of insured (if different from patient): _____
Gender: Male Female Birth Date: _____
Social Security Number: _____
Insurance Company: _____
Insurance Company Phone: _____
Insurance Company Address: _____
Member ID number: _____ Group Number: _____
Insured's employer: _____
Insurance Type: HMO PPO Other: _____ Deductible: _____

Who would you like notified in case of emergency?

Name: _____
Relationship to you: _____
Address: _____
Home phone: _____ Work phone: _____