

DOREEN G. LEO-HUNEKE, LCSW

PSYCHOTHERAPIST/COUNSELOR

INDIVIDUAL, FAMILY AND GROUP COUNSELING

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Registration Form

(Please Print)

Personal Information**Today's Date:**

Last Name:		Marital Status: (Please Circle) Mar. Sep. Div. Sing. Wid.	
First Name:		Social Security No.:	
MI:		Prefix: (Please circle) Mrs. Miss. Ms. Mr.	
Previous Name:		Date of Birth:	
Mailing Address:			
Physical Address:			
City:	State:	Zip Code:	
Home Phone:	Ok to Call? Y or N		Ok to leave msg? Y or N
Cell Phone:	Ok to Call? Y or N		Ok to leave msg? Y or N
Work Phone:	Ok to Call? Y or N		Ok to leave msg? Y or N
Email:			
How did you hear about us? Family Friend Ins Plan Hospital Newspaper Other _____			
Were you referred by a physician or clinic? If so which one?			
Who is your Primary Care Physician?			

Employer Information

Employer:	Address:
Occupation:	Phone:

Insurance Information

Name of Primary Insurance:	
Subscriber's Name:	Subscriber's S.S.#
Subscriber's D.O.B.:	Policy No.:
Relation to Subscriber: Self Spouse Child Other	Group No.:
Name of Secondary Insurance:	
Subscriber's Name:	Subscriber's S.S.#
Subscriber's D.O.B.:	Policy No.:
Relation to Subscriber: Self Spouse Child Other	Group No.:

Release of Information

Under HIPPA Guidelines, I authorize this office to discuss my protected health information for any purpose with the following person(s):

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Patient Signature _____

Date: _____