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CLIENT INFORMATION

Name: _____ Date of Birth: _____

Address: _____

City _____ zip code _____

Home Phone: _____ Cell Phone: _____

Parent Information if Client is a Minor:

Parent name: _____ Parent name: _____

Address & phone (if different than above): _____ Address & phone (if different than above): _____

Why are you seeking psychotherapy at this time? _____

Have you participated in psychotherapy before? Yes _____ NO _____

Please list names of prior providers, when and where, and reasons for the treatment:

Please list any medications you are currently taking:

Primary Care Provider and phone number: _____

Insurance Information:

Name of carrier _____ phone number on back of card: _____

ID# _____ Group# _____

Employer: _____

Name of primary subscriber _____ DOB: _____

Relationship to the client _____