

Lee Welch, LCSW, 2012 N. Alberta St. Portland, Oregon

Client Information:

Name: Last _____

First _____ Mdl _____ Title :_____

Address: _____ City: _____ State _____ ZipCode _____

Phone:(Home) (____) _____ Work(____) _____

e-mail address: _____

Date of Birth: _____ Age: _____

Social Security # _____ - _____ - _____

Who do we call in the event of an emergency? _____ Their
Phone# _____

Dr's name and number if applicable: _____.

Medications: _____

Insurance Policy Holder Information:

Policy Holder

Name: _____ DOB: _____ (Insured's

relationship to client: _____)

Address: _____

Telephone: _____

Social Security Number: _____ - _____ - _____

Employer: _____.

Primary Insurance Company: _____

Policy#: _____

Group#: _____