

# 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#:\_\_\_\_\_