

RIVERBROOK COUNSELING
SUSAN PICART, LCSW
2330 Scenic Hwy Ste. 114
Snellville, GA 30078
Tel: (770) 559-9908

Client Information

Name: _____ Referred by: _____ Date: _____

Address: _____ Email: _____

Phone: Home: _____ Work: _____ Cell: _____

OK to call you at all given numbers? ___ Yes ___ No May I thank referral source? ___ Yes ___ No

Date of Birth: _____ Social Security Number (optional) : _____

Health Insurance: _____ GroupID# _____ Policy# _____

Health Insurance Customer Service # _____

Credit Card # (if fee for service): _____ Expiration: _____ Verification # (3 digit # on back of card): _____

Couple's Therapy

Partner's Name: _____ Address: _____

Phone: Home: _____ Work: _____ Cell: _____

Email: _____ OK to call you at all given numbers? ___ Yes ___ No

Date of Birth: _____ Social Security Number (optional): _____

Family Therapy

List all the family members who live in your home:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____