

Linda S. Levi, MA., LCPC

Welcome

Name of Client _____
Last First Middle

Last First Middle

Address _____

City _____ State _____ Zip Code _____

Name of Parent/Legal Guardian _____

Home Phone _____ Work Phone _____

D.O.B. _____ Age _____ S.S. _____

Occupation _____

Place of Employment/School _____

Address _____

How did you find out about me? _____

Single/Coupled/Married/Separated/Divorced/Re-Married (Circle One)

In Case of Emergency Please Contact _____

Relationship _____ Phone _____

I understand that all fees/charges incurred are my responsibility or the responsibility of my parent/legal guardian. I/we agree to pay all fees and charges regardless of whether or not I/we choose to utilize insurance benefits.

Clients Name (please print) _____

Signature of Responsible Party _____ Date _____

Witness _____ Date _____

I consent for Linda S. Levi, MA, LCPC to call and/or send a card to thank whoever referred me.

Signature of Client _____

Signature of Responsible Party _____

Chicago

Park Ridge