

Stephanie Shaffer, LCSW

LCS # 27326

43460 Ridge Park Dr.

Suite 200

Temecula, CA 92590

CLIENT DEMOGRAPHICS

NAME: _____ SSN: _____ DATE: _____

ADDRESS: _____

BEST CONTACT PHONE # _____ MAY I LEAVE A MESSAGE? YES ___ NO ___

EMAIL: _____ MAY I EMAIL YOU? YES ___ NO ___

BIRTH DATE: _____ SEX: Male Female MARITAL STATUS: S M W D SEPARATED

PRIMARY PHYSICIAN: _____ PHONE# _____

WHO WERE YOU REFERRED BY? _____

MAY I THANK THEM? CIRCLE ONE: YES NO

EMERGENCY CONTACT NAME AND NUMBER: _____

DO I HAVE YOUR PERMISSION TO CONTACT HIM/HER FOR EMERGENCY PURPOSES ONLY? YES ___ NO ___

INSURANCE INFORMATION: (If applicable)

PRIMARY Insurance Carrier Name _____

ID#Policy Number _____ Group Number _____

Insurance Phone Number: _____

Name of Policy Holder: _____ Policy Holder DOB: _____

SECONDARY Insurance Carrier Name _____

ID#Policy Number _____ Group Number _____

Insurance Phone Number: _____

Name of Policy Holder: _____ Policy Holder DOB: _____

To be completed by Clinician:

Mental Health Diagnosis 1: _____ Medical Diagnosis: _____

Place Of Service: Home Office