



Brian Lane LCSW

Psychotherapist

Connecticut License#6808

CLIENT REGISTRATION INFORMATION

First Name:	Middle Initial:	Last Name:
Address:	Date of Birth:	
City:	State:	Zip Code:
Phone(CELL):	OK to Leave Voicemail: <u>Y</u> <u>N</u>	OK to Text Message: <u>Y</u> <u>N</u>
Phone(Home/Work):	OK to Leave Voicemail: <u>Y</u> <u>N</u>	OK to Text Message: <u>Y</u> <u>N</u>
E-Mail:	OK to receive email about non-therapeutic info: <u>Y</u> <u>N</u>	
How did you hear about my practice: PSYCHOLOGY TODAY GOOD THERAPY PCP GOOGLE OTHER	Occupation:	
Emergency Contact Name & Relationship:	Ph#:	
Significant Other – Name:	Ph#:	
Name of Insured:	Date of Birth:	
Address of Insured:		
Primary Ins. Co. Name:	ID#:	
Secondary Ins. Co. Name:	ID#:	
Client's Relationship to Insured:	SELF SPOUSE DOMESTIC PARTNER CHILD OTHER	
Client's Current Relationship Status:	SINGLE MARRIED DOMESTIC PARTNERSHIP WIDOW(ER) DIVORCED	
Employment Status:	FULL-TIME PART-TIME RETIRED UNEMPLOYED DISABLED OTHER	
Student Status:	FULL-TIME PART-TIME NOT APPLICABLE	

CLIENT SIGNATURE

DATE