



Danielle Dronet LISW-S, LICDC
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CLIENT INFORMATION SHEET

DATE: _____

CLIENT NAME: _____ BIRTH DATE: _____

IF MINOR, PARENT/GUARDIAN NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (_____) _____ CELL PHONE: (_____) _____

PT SEX: MALE / FEMALE SOCIAL SECURITY NUMBER: _____

MARITAL STATUS: _____ REFERRED BY: _____

EMPLOYER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WORK PHONE: (_____) _____ CALLS ALLOWED: YES / NO
EMERGENCY

CONTACT: _____ PHONE: _____ RELATIONSHIP: _____

INSURANCE INFORMATION

SUBSCRIBER'S NAME: _____ BIRTH DATE: _____

SUBSCRIBER PHONE NO.: (_____) _____ SSN: _____

RELATIONSHIP TO CLIENT: SELF SPOUSE PARENT OTHER

NAME OF INSURANCE: _____ EFF DATE: _____

ADDRESS: _____

SUBSCRIBER ID: _____ GROUP #: _____

EMPLOYER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WORK PHONE: (_____) _____

DOES YOUR INSURANCE COMPANY REQUIRE AN AUTHORIZATION? YES NO

DID YOU CALL FOR AN AUTHORIZATION PRIOR TO TODAYS APPT? YES NO

CLIENT INFORMATION SHEET

CLIENT NAME: _____

AUTHORIZATIONS

I verify that this information is correct. I authorize *Danielle Dronet (Center for Advanced Mental Health Practice)* to file claims to my insurance company. I authorize *Danielle Dronet (Center for Advanced Mental Health Practice)* to release any medical information necessary to process my claims. I understand that I will be financially responsible for payment of services at the time the service is rendered. I will give the office 24-hrs notice before canceling appointments or I may be charged. If an authorization is needed, and I fail to secure one prior to services being rendered, I will be financially responsible.

_____ Date: _____
Client (Parent/Guardian) Signature

PERMISSION TO TREAT A MINOR:

I authorize *Danielle Dronet (Center for Advanced Mental Health Practice)* to treat my dependent child. I attest that I do have legal custody of this minor. This authorization for treatment is effective for a period of twelve (12) months from today or until terminated.

_____ Date: _____
Parent/Guardian Signature