NEW CLIENT REGISTRATION

Dx Code:____________________
Office Use Only

Jamie Lolley, PsyD
509 Olive Way STE 204, Seattle, WA 98101
(206) 329-5255 ext-320

Today's Date: _______________________

Name: ____ Age: ____________________Sex: ______

Address: ____Social Security #:____________________

City, State, Zip: ____Date of Birth:_______________________

Home Phone: ____________________May I Call This Number? Y N Leave a Message? Y N

Cell Phone: ______________________May I Call This Number? Y N Leave a Message? Y N

Person Responsible for Bill: _____________________________________ Relationship:_______________________

Address:____Phone:___________________________

EMPLOYER INFORMATION

Employer:____Occupation: ________________________

Address: ____

Work Phone: _____________________May I Call This Number? Y N Leave a Message? Y N

INSURANCE INFORMATION

Name of Insured: ________________________________Social Security #: ____________________DOB: _________

Primary Insurance Company: ____

Address:____Phone:___________________________

Subscriber ID #:____Group #:__________________________

Secondary Insurance Company: ____

Address:____Phone:___________________________

Subscriber ID #:____Group #:__________________________