

Gerald W. Greenfield, Ph.D.

Licensed Psychologist

PO Box 259595
Madison, WI 53725-9595
(608) 271-8799

Individual Psychotherapy
Marital and Couples Therapy
Evaluations

Client Information

Last Name _____ **First Name** _____ **Initial** _____
Date of Birth _____ **Age** _____ **Sex:** F ___ M ___ **Marital Status:** S ___ M ___ Sep. ___ Div. ___ Other ___
Address _____ **City** _____ **State** _____ **Zip** _____
Home Phone _____ **Work Phone** _____ **Cell/Pager** _____
Occupation _____ **Employer** _____ **Student?** Yes ___ No ___

If you may or will use insurance, please fill in the following section about your primary insurance:

Insurance Company _____ **Phone (800#, if available)** _____ - _____ - _____
Your Social Security Number _____ **Subscriber No.** _____ **Group No.** _____
Address for Claims _____

If you are **not** the insurance policy holder, please provide the following information (*italicized items*) about the *policy holder* (e.g., parent, spouse):

Full Name _____ *Date of Birth* _____ *Relationship to you* _____
Address _____ *City* _____ *State* _____ *Zip* _____
Home phone (w/ area code) _____ - _____ - _____ *Work phone(w/ area code)* _____ - _____ - _____
Social Security Number _____ - _____ - _____ *Employer* _____

If you also have secondary insurance, please fill in the following section about your secondary insurance:

Full Name of Secondary Policy Holder _____
Insurance Company _____ **Phone (800#, if available)** _____ - _____ - _____
Subscriber Number _____ **Group Number** _____
Address for Claims _____

Is the condition for which you are seeking treatment related to:

Employment? _____ Auto Accident? _____ Other Accident? _____