

Account # \_\_\_\_\_

Dx \_\_\_\_\_

**Lorraine T. Giardino, Ed.D., LPC, NCC, CCMHC**

**Brassfield Center for Psychotherapy & Personal Development**  
2012 New Garden Road, Suite E  
Greensboro NC 27410  
Phone: 336-288-0588 / Fax: 336-288-0517  
www.brassfieldpsychotherapy.com

**CONFIDENTIAL CLIENT INFORMATION FORM**

Date \_\_\_\_\_

Soc. Sec. \_\_\_\_\_

Name \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Marital/Partnership Status:    Single            Divorced            Widowed            Married            Partnered

Name of Spouse/Partner \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Telephone number \_\_\_\_\_ Relationship \_\_\_\_\_

Employment \_\_\_\_\_  
\_\_\_\_\_

Name of Insurance Carrier \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone number \_\_\_\_\_

Group # \_\_\_\_\_ Policy # \_\_\_\_\_

Special Instructions \_\_\_\_\_

Co-Pay \_\_\_\_\_ Deductible \_\_\_\_\_

Therapist: \_\_\_\_ Lorraine t. Giardino, Ed.D., LPC

<b>Date</b>	<b>Intervention</b>	<b>Time</b>	<b>Charge</b>	<b>Payment</b>
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CONFIDENTIAL