Brittany Smith, LCSW

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1100 N. University, Suite 133
Little Rock, AR 72212
P (501)-664-0091 F (501)-664-0112

Patient Information

Name: _____Date of Birth:_____

Address: _____City_____Zip_____

Phone Number(s): Cell: _____Work:_____ Home:_____
(Privacy laws require us to have your permission to leave messages. Please put a checkmark next to the numbers where you can receive a message from this office).

E-mail address: _____

Employer: _____

Who referred you? _____

Current Medications: _____

Gender:_____ Marital Status: _____ Spouse/Significant other: _____

Billing INFORMation

Person responsible for paying bill: ____Patient _____Parent _____Spouse _____Other

Name (if different from above): _____Date of Birth: _____

Address: _____

Phone Number(s): Cell:_____Work:_____Home_____

Employer's Name:_____

Do you want to file insurance? ___ YES ___ NO

Insurance Co: _____ Phone: _____

Name of Insured: _____ Date of Birth: _____

ID#: _____ Group#:_____

I understand that I am responsible for payment of all deductibles, co-pays, or other charges not covered by insurance at the time service is rendered.

_____

Client signature/ Responsible party (if other than client) Date