

Healing Path Psychology, LLC
Stephen J. Sell, Psy.D., Licensed Psychologist
701 W Union Blvd, Suite 8A, Bethlehem, PA 18018

New Client Information

Today's date: _____

Note: If you were a patient here before, please fill in only the information that has changed.

Identification

Your legal name: _____ Date of birth: _____

Preferred Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Home phone number: _____ May we leave a message at this number? Y N

Cell phone number: _____ May we leave a message at this number? Y N

Work number: _____ May we leave a message at this number? Y N

Email: _____ May we contact you via email? Y N

Optional information

Gender: _____ Disability status: _____

Sexual orientation: _____ Racial/ethnicity: _____

Religion/spiritual beliefs _____ Other important identities: _____

Insurance information

Policy holder's name: _____ Date of birth: _____

Relationship to the patient: Spouse Child Other: _____

Name of the insurance company: _____ Health plan: _____

Policy #: _____ Group #: _____ FECA #: _____ Effective date: _____

Reciprocity number: _____ Phone number of plan: _____

Address to send claims: _____

Any other information on the card? _____

Emergency Contact Information

Name: _____ Phone: _____ Relationship: _____

Referral

How did you find out about my services? _____

Did anyone give suggest you contact me? Name: _____

Address: _____ Phone: _____

How did this person feel I could be of help to you? _____

Is this person's relationship with you personal or professional?

May I let this person know that you have come to see me? Yes No

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Current Household Members

Name	Age	Relationship

Other

Is there anything else that is important for me to know about? No Yes

This is a strictly confidential patient medical record. Rediscovery or transfer is expressly prohibited by law.

