

17220 127th Place NE, Suite 300

Woodinville, WA 98072

Phone: (425)318-0062



Kristine M. Berrett, Ph.D.

Licensed Psychologist

BERRETT
PSYCHOLOGICAL
SERVICES

CLIENT INFORMATION

CLIENT _____

BIRTHDATE _____

ADDRESS _____

HOME PHONE _____

WORK PHONE _____

EMAIL _____

CELL PHONE _____

NAME OF SPOUSE/PARENTS _____

MARITAL STATUS _____

GRADE _____

GENDER (CIRCLE): male female

REFERRED TO OFFICE BY _____

PERSON RESPONSIBLE FOR BILL, IF NOT CLIENT

NAME _____

BIRTHDATE _____

MAILING ADDRESS _____

SOCIAL SECURITY # _____

EMPLOYER _____

OCCUPATION _____

HOME PHONE _____

WORK PHONE _____

INSURANCE INFORMATION

INSURANCE _____

OTHER INSURANCE _____

SUBSCRIBER _____

SUBSCRIBER _____

GROUP # _____

GROUP # _____

ID # _____

ID # _____

CLIENT RELATIONSHIP TO SUBSCRIBER (CIRCLE):

CLIENT RELATIONSHIP TO SUBSCRIBER (CIRCLE):

self child spouse dependant

self child spouse dependant

SUBSCRIBER' EMPLOYER _____

SUBSCRIBER' EMPLOYER _____

IN CASE OF EMERGENCY, LOCAL FRIEND OR RELATIVE TO BE NOTIFIED

NAME _____

RELATIONSHIP TO CLIENT _____

HOME PHONE _____

WORK PHONE _____

I hereby authorize my insurance benefits be paid directly to the provider. I am financially responsible for any balance due. I also authorize the provider or insurance company to release any information required for this claim

SIGNED _____

DATE _____