

Fredric Provenzano, Ph.D., NCSP

Private Practice in Psychology

5506 33rd Ave. NE, suite D
Seattle, WA 98105

Fredric Provenzano, Ph.D., NCSP, *Psychologist, WA lic. # 1022*
Frances Douglass, Ph.D., NCSP, *Psychologist, WA lic. # PY603258636*
Judith Ann Janesheski, B.A., *Psychometrist*
Lauren Christophersen, *Office Coordinator*

Phone: 206/361-2343
Fax: 206/361-0353

Client Registration Form (Adult)

Today's Date: _____ Referred by: _____

Name: _____ DOB: _____ SSN: _____

Mailing Address: _____ City: _____ Zip: _____

Billing Address: _____ City: _____ Zip: _____

Home Phone: _____ Mobile/Message Phone: _____

May we call you at home? Yes No Okay to leave message at home? Yes No

Ethnicity: _____

Occupation: _____ Employer: _____

Work Address: _____ City: _____ Zip: _____

Work Phone: _____ May we call you at work? Yes No Okay to leave message? Yes No

Circle Current Status: Single Married Separated Widowed Divorced

Spouse/Partner Name (if appropriate): _____

How long in Relationship? _____

Names & Ages of Children: _____

Emergency Information

Emergency Contact Name: _____ Rel. to Client: _____

Contact Home Phone: _____ Contact Work Phone: _____

Primary Care Physician: _____

Physician Phone: _____ Fax: _____

Physician Address: _____ City: _____ Zip: _____

Insurance & Health Care Information (Please submit your insurance card at first session so we can Xerox a copy)

Primary Insurance Company: _____ Phone: _____

Insured's Name: _____ Insured's DOB: _____

Relationship to Client: _____ Insured's SSN: _____

Group/Employer Name: _____ ID #: _____

Group #: _____ Authorization/Claim # (if applicable): _____

Secondary Insurance Co. Name: _____ Phone: _____

Insured's Name: _____ Insured's DOB: _____

Relationship to Client: _____ Insured's SSN: _____

Group/Employer Name: _____ ID #: _____

Group #: _____ Authorization/Claim # (if applicable): _____