PATTY SCHEIN, M.Ed., LMFT, LPC
31 Cherry Street Milford, Ct 06460 203.878.3140 (phone)

Primary Patient Information
Name: _____

Address: _____

Home Phone: _____
Can we leave a message at this number? _ Yes _ No
Work Phone: _____
Can we leave a message at this number? _ Yes _ No
Cell Phone: _____
Can we leave a message at this number? _ Yes _ No
Date of Birth: _____ Age: _____

Email Address: _____

Is it okay to send you relevant information and/or new services I am offering? _ Yes _ No

Co Patient (if applicable)
Name: _____

_ check if same
Address: _____

Home Phone: _____
Can we leave a message at this number? _ Yes _ No
Work Phone: _____
Can we leave a message at this number? _ Yes _ No
Cell Phone: _____
Can we leave a message at this number? _ Yes _ No
Date of Birth: _____ Age: _____

Email Address: _____

Is it okay to send you relevant information and/or new services I am offering? _ Yes _ No

Insurance Information

Primary Policy Holder's Name

_____

_ Anthem _ MHN _UBH/Oxford _ Self Pay _ Other, specify:
ID# _____ SS# _____

Secondary Policy Holder's Name

_____

_ Anthem _ MHN _ UBH/Oxford _ Self Pay _ Other, specify:
ID# _____ SS# _____

Employer: _____

Co-payment Amount: _____

Employer: _____

Co-payment Amount: _____

Primary Care Physician
Name: _____

Phone Number: (____)_____

Address: _____

Emergency Contact (a relative)
Name: _____

Phone Number: (____)_____

Address: _____

Relationship: _____

DX:_____ DX:_____