Insight Psychological Group
773 Central Avenue, Westfield, NJ 07090

NJ License #4636
Tax ID: 46-5382812

New Client Information Sheet

Please print neatly and complete all items. Thank you.

BASIC INFO

Name			Today's Date
Age	Date of Birth	Gender	Marital Status
Street Address			Zip Code
City	State	Email (for scheduling appointments)	
Home Phone	Cell phone (or the best number to reach you)		
Place of Employment		Occupation	

REFERRAL

How did you hear about Insight Psychological Group?	
What are you looking for help with?	
Will you be requesting a form or letter be completed for you? ☐ Yes ☐ No	What is the form or letter?
Psychiatrist/Prescribing Physician (if applicable)	Phone

EMERGENCY CONTACT (IF PATIENT IS A MINOR PLEASE ENTER RESPONSIBLE PARTY/PARENT HERE)

Name	Relationship
Home Phone	Cell Phone

INSURANCE (If applicable)

Name of Primary Insured Person	Insured's Date of Birth
Patient is the Insured's ☐ Self ☐ Spouse ☐ Child ☐ Other	
Insurance Company	ID #
Did you receive prior authorization for today's visit? (If applicable) ☐ Yes ☐ No	Authorization #