Harbor Wellness CLIENT DATA SHEET

(Please Print or Type)

Last Name | First Name | M.I. | Age | Date of Birth

Street Address | City | State | Zip

Place of Employment (or Name of School) | Employment Position (or Grade in School)

Social Security Number | Date of 1st Appointment

Email | Lesa Swanson, LICSW (Provider Name)

Insurance

Name of Insurance Company | Name of Primary Subscriber

Insurance ID# and Group # | Primary Subscriber SS# & Date of Birth

Emergency Contact Person | Phone(s)

Contact Phone Numbers:

Home _____ Work _____

Cell _____ Day _____

By signing below:

- I authorize therapy necessary for treatment and I agree to pay all fees and charges for such treatment.
- I authorize the release of any medical or other information necessary to process insurance claims.
- I request payment of medical benefits to my provider for services rendered.
- I give permission to call and leave a message at the contact numbers provided on ☐ voicemail or with any ☐ person who answers (check those that apply).
- I agree to provide updates if my contact numbers change.

Signature | Date

1.) Please print, sign & send to us this form BEFORE your 1st appt.

Harbor Wellness, 6625 Wagner Way NW, #250, Gig Harbor, WA 98335, phone (253)358-7176, fax (253) 432-4728