Catherine Berezansky LCSW-R
1172 E. Ridgewood Ave. Ste. 3
Ridgewood, New Jersey 07450

Patient Intake Form

Name: _____ Today's Date: _____

Address: _____ D.O.B____/____/____ Age:

_____ State: _____

Insurance Carrier: _____
Name of Insured: _____
Date of birth of insured_____
Insurance ID # _____ Group # _____

Telephone # (home) _____ Cell# _____

Name of Employer: _____

Immediate Family Information:

Name	Relation	Age	Employment/Education
_____	_____	____	_____
_____	_____	____	_____
_____	_____	____	_____
_____	_____	____	_____

Relevant Medical Conditions:

Past _____

Present_____

Medications_____

Previous Therapeutic Experience: