Lake Norman Psychological Services, PLLC
Jennifer Sadoff, Ph.D.
9820 Northcross Center Court
Huntersville NC 28078
(704) 677-2652

Client Data Sheet:

Date:_____
Name:_____DOB/Age:_____/_____
Address:_____
City/State/Zipcode_____/_____/_____
Parent/Legal Guardian:_____
Address of guardian (if different from above):_____
_____
Social Security #:_____Race:_____Gender:____ Marital Status:____
Phone:work:_____home:_____cell:_____
Where do you prefer to be contacted? (circle) work home cell
Employer or School:_____
Email:_____

Emergency Contact Information:
Name and relationship to client: _____
Address:_____
Phone: _____

Insurance Company and Plan:_____
Policy Holder Name:_____DOB:_____
Policy Holder ID #:_____Group #:_____
Policy Holder Address and Phone (if different from above):_____
_____
Policy Holder Employer:_____

Current mental health providers:_____
_____
Previous mental health services received:_____
_____
_____
Physician: _____
Current Medications:_____
_____

Referral Source:_____
Reason for Referral:_____
_____
_____
_____

Authorization of Benefits: # of visits:_____ copay:_____ date:_____ deductible:_____
Authorization #:_____