

Rodney Orders, LICSW, LCSW-C, DOT-SAP

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(Please Print)

Today's Date ____/____/____

CLIENT INFORMATION

Client's Last Name		First	Middle	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	Marital Status (Circle One) Single / Married / Divorced / other	
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?		(Former Name)	Birth Date		Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Street Address		City	State	ZIP Code	Social Security - -		Home Phone No. ()
P.O. Box		City	State	ZIP Code	Cell Phone No. ()		
Occupation		Employer			Work Phone No. ()		
Referred to Provider by (Please check one box & list)				<input type="checkbox"/> Dr.	<input type="checkbox"/> Insurance Plan	<input type="checkbox"/> Website	
<input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Close to Home/Work				<input type="checkbox"/> Yellow Pages <input type="checkbox"/> Other			
Email Address:				Alternative Email Address:			

INSURANCE INFORMATION

Person Responsible for Bill		Birth Date	Address (if different)		Home Phone No. ()	
Email Address:					Cell Phone No. ()	
Occupation	Employer	Employer Address				Work Phone No. ()
Is this client covered by insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this an EAP visit? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Annual EAPs allowed? _____		
What is exact name of insurance?						
What is the authorization number?				<input type="checkbox"/> Self Pay		
Insured's Name	Insured's S.S. #	Birth Date	Group #	Policy #	Co-Payment \$	
Client's Relationship to		<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other				
Name of Secondary Insurance (if Insured's Name			Group #	Policy #		
Client's Relationship to Insured		<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other				

IN CASE OF EMERGENCY

Name of Local Friend or Relative (not living at same address)	Relationship to Client	Home Phone No.	Work Phone No.