

CLAIRE M. KARAM, Ph.D.
Licensed Professional Counselor
1776 S. Jackson St., Suite 411
Denver, Colorado 80210
Phone 303/393-8794
Fax 303/388-3896

Client Information
Revised January 1, 2010

Date _____

Full Name _____

Address _____

City _____ Zip Code _____

Telephone Numbers – Home _____ Cell _____

Where Employed _____ Phone # _____

Your Position _____

Date of Birth _____ Soc. Security # _____

Marital/Partnership Status _____

Spouse/Partner's Name _____

Spouse/Partner's Work # _____ Cell Phone # _____

Current Medication: use and purpose of medication, and current dosage taken:

Prescribing Physician _____ Phone # _____

Significant Health Problems – List _____

Referred by Whom _____

Emergency Contact: Name _____

Relationship to you _____

Phone #'s: home _____ work _____ cell _____

Address _____

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Client Information (continued)

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Insurance:

Name of Your Insurance Carrier _____
Your Subscriber Identification # _____
Authorization # from insurance company if applicable _____
Group # _____ Plan # _____
Phone # for Provider _____

I authorize Claire M. Karam, Ph.D. to release the above provided information and medical information for the following purposes: 1) to verify insurance coverage if applicable; 2) to file a claim for insurance benefits related to professional services rendered if applicable; and 3) for payment and collection issues.

Client Signature

Date