

Glenda Baker Whitehead, LCSW, LSCSW

Independence Growth Centre
150 E. Kansas Avenue
Independence, Missouri 64050
816-786-1588

NEW CLIENT INFORMATION

Date: _____

Client's Name: _____

Date of Birth: ____/____/____ Age: ____ Gender: ____ Race: _____

Address: _____

Telephone: (Home): _____ (Work) _____ (Cell): _____

Email Address: _____

Employer: _____ Occupation: _____

Primary Insurance: _____ ID#: _____ Group #: _____

Name of the person the coverage is under: _____ Date of birth: _____

Insured employer: _____ SS#: _____

Is there secondary insurance: _____

Secondary insurance: _____

In case of emergency, I give permission for Glenda Baker Whitehead, LCSW, LSCSW to contact:

Name: _____ Relationship: _____

Telephone (Home): _____ (Work) _____ (Cell) _____

Address: _____ City _____ State: _____ Zip: _____

Physician: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Psychiatrist: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Current Diagnosis and/or Medications: _____

Have you ever sought counseling before: _____ By Whom: _____

Referral Source: _____