

*Linda S. Levi, MA., LCPC*

**Welcome**

Name of Client \_\_\_\_\_  
Last First Middle

\_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Parent/Legal Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ S.S. \_\_\_\_\_

Occupation \_\_\_\_\_

Place of Employment/School \_\_\_\_\_

Address \_\_\_\_\_

How did you find out about me? \_\_\_\_\_

Single/Coupled/Married/Separated/Divorced/Re-Married (Circle One)

In Case of Emergency Please Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

I understand that all fees/charges incurred are my responsibility or the responsibility of my parent/legal guardian. I/we agree to pay all fees and charges regardless of whether or not I/we choose to utilize insurance benefits.

Clients Name (please print) \_\_\_\_\_

Signature of Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

I consent for Linda S. Levi, MA, LCPC to call and/or send a card to thank whoever referred me.

Signature of Client \_\_\_\_\_

Signature of Responsible Party \_\_\_\_\_

*Chicago*

*Park Ridge*