

JESSICA TOWNSEND, LCSW

Individual & Family Therapy

22 Free Street, Ste. 402
Portland, Maine

207.409.3571

CONTACT INFORMATION

Client Name: _____

Date of Birth: _____

Address: _____

Health Insurance: _____

Policy #: _____

Policy Holder's Name: _____

Policy Holder's Date of Birth: _____

Mother's Name (*if under 18*): _____

Father's Name (*if under 18*): _____

Home Telephone: _____

Cell Phone: _____

Work Phone: _____

***In the event of an Emergency, please
call:*** _____

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“I authorize the release of any medical or other information necessary to process this claim. I authorize payment of medical benefits to the undersigned for the service of individual and/or family therapy.

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Jessica Townsend, LCSW’s Notice of Privacy Practices.

I hereby authorize permission for treatment by Jessica Townsend, LCSW.”

Client Name: _____ Date: _____

Client’s Mother: _____ Date: _____

Client’s Father: _____ Date: _____