

Cate Richardson-Henley, LCSW-R
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New Patient Information

Date_____

Name _____ Date of Birth_____

Mailing address_____ City/State/Zip_____

Best Contact #_____ Alternate contact#_____

If our office can leave a message on these numbers, eg. To confirm an appointment, please indicate by signing below.

Name:_____

Prescribing Provider (if receiving psychiatric meds):

Name_____ Contact #_____

Fax #_____

Insurance Information: Name of Company_____

ID #_____ Group Number_____

Name of the Insurance Policy Holder_____

If you are not the policy holder, please fill-in the following:

D.O.B. Of policy holder:_____

Relationship to Policy Holder:_____

Secondary Insurance Information: Name of company_____ ID
#_____ Group #_____ Name of Policy
Holder_____ If not the policy holder, please fill-in the following

information:

D.O.B. Of policy holder_____ Relationship to policy holder_____

***Please scan or fax a copy of all insurance IDs, front and back

Fax Number of Cate Richardson-Henley: 607-441-3091

Cate's email: crh@phonecounselingservices.com

***If you are a private pay client, please copy some form of ID (front and back) and fax or scan to the above number or email address.