

**Jonathan Lebolt, PhD, LCSW-C, CGP ~ New Patient Information**

*If you are a **family**, please complete a separate form for each of you—thanks.*

Date \_\_\_\_\_

What Name Do You Go By? \_\_\_\_\_

Legal Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

With What Gender Do You Identify? \_\_\_\_\_

Legal Gender (if using insurance) \_\_\_\_\_

What Pronoun(s) Do You Use? \_\_\_\_\_

Address \_\_\_\_\_

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

Tel. No(s). \_\_\_\_\_

E-mail(s) \_\_\_\_\_

Emergency Contact Name/Tel. No. \_\_\_\_\_

Relationship \_\_\_\_\_

**Please provide me with a copy of both sides of your insurance card if you want me to submit claims to your insurance company for reimbursement.**

*Please Complete the Following Section Only If You Are **Not** the Policyholder:*

Name of Policyholder \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address \_\_\_\_\_

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

Tel. No. \_\_\_\_\_

*If you have a Secondary Insurance Plan, please request a copy of the claim at each session. You may then submit it with a copy of your Explanation of Benefits from the primary plan.*