

Beach Counseling, LLC
Mariadonna Litwak, MSW, LCSW
NJ License # 44SCO5269500
Intake Form

Today's Date: _____

CLIENT INFORMATION

Name of Client: _____ Sex _____ Marital Status: _____
Client Date of Birth _____ Client Social Security #: _____
Address: _____ City _____ State: ____ Zip: _____
Phone Numbers: Home _____ Cell _____ Work _____
Email Address: _____
Employment Status: FT PT Not employed Self-employed Retired
Student Status: FT PT Attending? ____ Name of School: _____ Grade: ____
If child, parent's or guardian's name: _____
Best person to contact in event of emergency _____ Contact Phone _____
Whom May I Thank for Referring You? _____

RESPONSIBLE PARTY INFORMATION

Responsible Party's Name: _____ Relationship to Client: _____
Responsible Party's Address: _____ City _____ State ____ Zip ____

INSURANCE INFORMATION

Insurance Company _____
Subscriber's Last Name _____ First Name _____
Subscriber's Address: _____
Subscriber's Birth Date: _____ Subscriber's SSN# _____
Name & Address of Employer: _____
Group #: _____ Policy #: _____ Medicaid/Medicare # _____
Client's relationship to Subscriber: Self [] Spouse [] Child [] Other []

Client Name (Please Print)

Client, (Parent or Guardian) Signature

Date