



MELANIE CHUNG-SHERZMAN, LCSW PLLC

Empathy. Encouragement. Empowerment.

Personal Health Information (PHI)

Client Registration (If minor)

_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	_____
Home Address	City, State, Zip Code	Home Phone # (best # to reach)
_____	_____	_____
Date of Birth	Who referred you	

Parent 1/Guardian's Information

_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	_____
Home Address	City, State, Zip Code	Home Phone # (best # to reach)
_____	_____	_____
Date of Birth	Social Security Number	Driver's License #
E-Mail address: _____		

Parent 2/Guardian's Information

_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	_____
Home Address	City, State, Zip Code	Home Phone # (best # to reach)
_____	_____	_____
Date of Birth	Social Security Number	Driver's License #
E-Mail address: _____		

Insurance Information

Insurance Company: _____ Member ID # _____

Group #: _____

Insurance phone number : _____

Insurance Address: _____