MELANIE CHUNG-SHERMAN, 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

Client 2/Parent/Guardian 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: _____

Client 3/Parent/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: _____