Richard Steinzeig, MSW, LCSW
Licensed Clinical Social Worker
2600 Denali St Suite 606 Anchorage, AK 99503
(907) 278-1188

NEW PATIENT INFORMATION

Date: ________________

Patient Name:____Date of Birth: _____________ Age:______________

Address:____ City, State___________________ Zip:______________

Home Phone: _________________________Work Phone:___________________ Cell Phone:____________________

Social Security Number: _________________Place of Birth: __________________Yrs. In Alaska:________________

Marital Status: ______________ How Long Married:______________ Education:_____________________________

Person Responsible for Bill: ____

Insurance Company: ________________________ID#__________________ Date of Birth of Insured______________

Occupation:_______________________________________ Employed by: ____________________________________

Referred by:_________________________________ Physical Problems:______________________________________

Previous Treatment: ____

Current Household Composition:

Name	Relationship	Age	Occupation or Grade

Please Read: I understand that I am responsible for all fees, regardless of insurance coverage, and that all charges are due at the time of service unless other arrangements have been made in advance.

____________________ ____
Date Signature of Person filling out Intake Form

AUTHORIZATION FOR TREATMENT OF MINOR CHILD

I, ____, Parent and/or Legal Guardian of

____ A minor child, Authorize Treatment

____________ ____
Date Signature

INSURANCE AUTHORIZATION AND ASSIGNMENT

I hereby authorize Richard Steinzeig, LCSW to release to third party payors/insurance companies, information necessary to process claims for payment. I further assign insurance payments to Richard Steinzeig, LCSW unless paid in full at time of service.

_____________________ ____
Date Signature