

Gerald W. Greenfield, Ph.D.

Licensed Psychologist

6409 Odana Rd.
Madison, WI 53719
(608) 271-8799

Individual Psychotherapy
Marital and Couples Therapy
Evaluations

Client Information

Last Name _____ **First Name** _____ **Initial** _____

Date of Birth _____ **Age** _____ **Sex:** F__ M__ **Marital Status:** S__ M__ Sep.____ Div.____ Other____

Address _____ **City** _____ **State** _____ **Zip** _____

Home Phone _____ **Work Phone** _____ **Cell/Pager** _____

Occupation _____ **Employer** _____ **Student?** Yes____ No____

If you may or will use insurance, please fill in the following section about your primary insurance:

Insurance Company _____ **Phone (800#, if available)** _____ - _____ - _____

Your Social Security Number _____ **Subscriber No.** _____ **Group No.** _____

Address for Claims _____

If you are **not** the insurance policy holder, please provide the following information (*italicized items*) about the ***policy holder*** (e.g., parent, spouse):

Full Name _____ ***Date of Birth*** _____ ***Relationship to you*** _____

Address _____ ***City*** _____ ***State*** _____ ***Zip*** _____

Home phone (w/ area code) _____ - _____ - _____ ***Work phone(w/ area code)*** _____ - _____ - _____

Social Security Number _____ - _____ - _____ ***Employer*** _____

If you also have secondary insurance, please fill in the following section about your secondary insurance:

Full Name of Secondary Policy Holder _____

Insurance Company _____ **Phone (800#, if available)** _____ - _____ - _____

Subscriber Number _____ **Group Number** _____

Address for Claims _____

Is the condition for which you are seeking treatment related to:

Employment? _____ Auto Accident? _____ Other Accident? _____