KAREN OSTERLE, MSSA, LICSW
1234 19TH STREET, NW, SUITE 901
WASHINGTON, DC 20036
(202) 744-2922

Intake Information Sheet

Name: _____ Today's Date: _____

Complete Mailing Address: _____

_____

In this box, please indicate the address and telephone number you want me to use when sending bills or when I need to contact you in writing (not a common practice). If this box is left blank, I will use the mailing address and telephone numbers you have provided above.

Permission to communicate w/ you, leave voice mail or text messages using these? *(If yes, please initial here.)*

Phone Numbers (w/ area codes)
Home: ( ) _____
Work: ( ) _____
Cell: ( ) _____

Any specific instructions or caveats about leaving voice/text messages at any of these numbers?_____

_____

_____

Date of Birth: _____

Emergency Contact Information: Name: _____
Home: ( )
Work: ( )
Cell: ( )
Relationship to You: _____

Who Referred You? _____