



Dennis England Licensed Clinical Social Worker
4870 S. Lewis, Suite 125 Tulsa, OK 74105 cell 918.740.3454 fax 918.746.0573 DennisLCSW@att.net

CLIENT INFORMATION

Name: _____ Date of Birth _____

Address: _____

City: _____ State: _____ Zip: _____

Marital Status: _____

Employer: _____

Referred by: _____

Contact Information

Please provide only contact information you give approval for Mr. England to utilize.

Home: _____ Business: _____

Cell: _____ Email address: _____

Insurance and Financial Information

Primary Insurer: _____

Secondary Insurer, if applicable: _____

Responsible party, if other than patient: _____

Primary Insurance Carrier DOB: _____ for insurance filing.

Complete section below ONLY if you wish Mr. England to bill your insurer:

Patient or authorized person's signature

I authorize the release of any medical or other information necessary to process insurance claims. I also request payment of government benefits either to myself or to the party who accepts assignment.

Signed: _____ Date: _____

Insured or authorized person's signature

I authorize payment of medical benefits to Dennis England, LCSW, for therapy services received by me.

Signed: _____ Date: _____

Are you currently under medical or psychiatric care? Yes / No

Diagnosis: _____

Physician: _____

Please list any medications below: