Julie Caron Sims, L.C.S.W., A.C.S.W.

Licensed Clinical Social Worker

331-701-5495

1755 Park Street, Suite 300
Naperville, IL 60563

Please complete all identifying information below:

Name: _____ Gender: _____
(First) (MI) (Last Name)

Date of Birth: _____ Age: _____

Address: _____
(Street) (City) (State) (Zip Code)

Telephone: Cell: _____ Home: _____ Work: _____Ext: __

Where may we leave a message? _____
(Name) (Phone)

Is there someone you would like to authorize our office to speak with regarding scheduling and/or canceling appointments? If yes, list name, relationship and phone number:

_____

Who referred you to my practice? _____

<u>Insurance Information:</u>

Primary Insurance Company: _____

Insured's Name: _____

Insured's Address and Telephone (if different): _____

Insured's Date of Birth:_____

ID #_____ Group # _____

I hereby authorize Julie Caron Sims, LCSW, to furnish my insurance company all information which the insurance company may request concerning my present illness. I hereby assign to Julie Caron Sims all monies to which I am entitled for expenses relative to the services received. I understand that I am financially responsible to said Clinician for charges not covered by this assignment.

Signature of Patient or Legal Guardian **Date**

Please include the following information for Minors:

Mother_____
(First Name) (MI) (Last Name)

Mother's Date of Birth_____

Father_____
(First Name) (MI) (Last Name)

Father's Date of Birth_____

Child lives with: _____

Address:_____
(Street) (City) (State) (Zip)

Who is the legal guardian? _____