

Leslie Connolly, LCSW
25 Middle Street Portland Maine 04101 lconnollylcsw@gmail.com 207-831-9871

Client Name: _____ Date: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Work: _____ Cell: _____ Ok to

leave voicemail? Yes _____ No _____ Ok to text message? Yes _____ No _____

Email: _____

I understand that Leslie Connolly, LCSW is not able to provide encryption for emails. I give permission to Leslie Connolly, LCSW to contact me at this email address: Y N

Referred by: _____

Highest grade/Degree: _____ Currently employed: N Y

Occupation/Position: _____

Gender: _____ Marital Status: _____

If Minor: Name of guardian: _____ Phone: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact: _____ Relationship: _____

Concerns that brought you to therapy: _____

Insurance Company: _____ ID #: _____

Subscriber Name: _____ Subscriber DOB: _____

By signing below you authorize Leslie Connolly, LCSW to disclose to your insurance company or other authorized benefits provider all information that is customary and necessary to process your benefits claim. It is understood that this does not guarantee the payment of such a claim. If your benefits provider does not pay for the services provided, you are responsible for any outstanding balances owed. I also understand that I am personally responsible for missed appointments (\$100 fee for every hour scheduled) if I do not notify Leslie Connolly at least 24 hours in advance. I authorize Casco Bay Claims Management to oversee all insurance-related matters on Ms. Connolly's behalf. I hereby authorize permission for treatment by Leslie Connolly, LCSW. I have read this form and understand its contents.

Signature: _____ Date: _____

Signature: _____ Date: _____
(parent if minor)