

Patient Information

Patient Name _____ Birthdate _____

Home Address _____

Cell Phone # _____

Email Address _____

Referred by _____

Emergency Contact _____ Phone # _____

Cancellation Policy

All cancellations and missed appointments are subject to charge. With sufficient notice, rescheduling is an option but not guaranteed. Regardless of insurance status, patient is responsible for payment, including missed sessions. Payment is due at the end of each month.

I, _____, have read and agree to Heidi Frieze, LCSW's policy for cancellations and missed appointments.

Signature

Date