

**REBECCA A. STANWYCK, LCSW**

[www.rebeccastanwyck.com](http://www.rebeccastanwyck.com)

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Castro Valley, CA 94546

5820 Stoneridge Mall Rd., #219  
Pleasanton, CA 94588

**CLIENT INFORMATION**

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell/other) \_\_\_\_\_

Email \_\_\_\_\_ Best way to reach you? \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Marital status \_\_\_\_\_ Occupation/Job Title \_\_\_\_\_

Where do you work? \_\_\_\_\_ How long? \_\_\_\_\_

**INSURANCE INFORMATION**

Name of Insured \_\_\_\_\_ Relationship to you? \_\_\_\_\_

Address of Insured \_\_\_\_\_

Insured's Date of Birth \_\_\_/\_\_\_/\_\_\_ Insured's Social Security # \_\_\_\_\_

Insured's Employer \_\_\_\_\_

Insurance Company \_\_\_\_\_

Ins. Co. Address/Phone \_\_\_\_\_

Subscriber/Group # \_\_\_\_\_

How were you referred to me?

Are you currently under the medical care of a physician? If yes, name and phone:

Please list any medication (prescription or over-the-counter) you are currently taking:

Have you ever seen a counselor or therapist before? If so, when and why?