Sandra R. Champe, Ph.D.

Personal Information Sheet

Date: _____

Name:_____

Home Telephone:_____ **Cell Telephone:**_____

Email Address:_____

NOTE: PLEASE INDICATE PREFERRED CONTACT AND IF MESSAGE IS OK

Complete Address:_____

(street)

_____

(city) **(zip code)**

SS#:_____ **Sex:**_____ **Birthdate:**_____ **Age:** _____

Employer: _____ **Occupation:**_____

Employer Address:_____

Work Telephone Number:_____

Name of spouse or significant other: _____

Home address (if different):_____

Birthdate:_____ **SS #:**_____

Employer:_____ **Occupation:**_____

Employer Address:_____

Work Phone Number:_____ **Cell Phone Number:**_____

In case of emergency, please list the person you would like us to contact:

Name:_____ **Relationship:** _____

Address:_____

Home Phone Number:_____

Cell Phone Number:_____ **Work Phone Number:** _____

Person responsible for fees: _____ Relationship:_____

Insurance Billing Information:

_____ Blue Cross _____ Other – Name: _____

Card Holder ( ) Spouse ( ) Dependent ( )

Other insurance coverage? Yes ( ) No ( ) If yes, name of company: _____

Have you been or are you in therapy elsewhere? Yes ( ) No ( ) If so, with whom? _____

Family History:

Married/SO ( ) Single ( ) Separated ( ) Divorced ( ) How Long? _____

Children (if any) -

Name: _____ Birthdate _____

_____ Birthdate _____

_____ Birthdate _____

Parents -

Father: _____ Address _____

Mother: _____ Address _____

Siblings -

_____ _____

_____ _____

_____ _____

Please explain why you are interested in being in therapy and how you have been feeling during the last two weeks. _____

_____

Please List Current Medications:

_____ _____

_____ _____

_____ _____

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West Bloomfield, MI 48322
(248) 339 6618