Linda Berko RN, LCSW, BCD

205 Worth Avenue - Suite 201, Palm Beach, Fl 33480 Ph: (561) 214 - 2969 Email: lindaberko@gmail.com

Face Sheet

Client Name: ____________________________________Today's Date:___________
Address:____
City: _____________________________________ State: _________ Zip_________
Home Phone: ___________________Work: _______________ Cell: ______________
DOB: _________ Age: _____ Marital Status: _____Place of Birth____________________
Email: ____
May we contact you at the above address/phone #'s and email? Y___ N ___

How were you referred to this office?
Self-referred ___ Health Care Practitioner ___ Family ___ Phone Book ______
Treatment Center ___ Friend ___Ad ___ Name of this source________________
Internet ___ What site______________________________________
Whom may I thank for referring you ____

Medical Practitioners
Primary Care Physician:____
Address:____
Phone: ______________ Fax: ________________
May we contact for continuity of care? Y___ N ___

Psychiatrist:____
Address:____
Phone: ______________ Fax: __________________
May we contact for continuity of care? Y___ N ___

Other Practitioners:____
Address:____
Phone: ______________ Fax: __________________
May we contact for continuity of care? Y___ N ___

PLEASE DO NOT WRITE BELOW THIS LINE

Payment Due $____________________________ DX_______________________