

THE BRANDYWINE CENTER, LLC

**New Client Information**

Date \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_ OK to email? Yes \_\_\_\_\_ N \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Relationship Status \_\_\_\_\_

Who referred you to our practice? \_\_\_\_\_

Do I have permission to send them a "Thank You for the referral" note? Yes \_\_\_\_\_ No \_\_\_\_\_

If someone other than you is responsible for payment:

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

**Please Read:**

**I understand that I am responsible for my bill. I also understand that 24 hours must be given prior to canceling an appointment or I will be responsible for payment in full.**

**I have received a copy of The Brandywine Center's Privacy Policy**

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Office use only

Therapist: \_\_\_\_\_

DX one \_\_\_\_\_ DX Two \_\_\_\_\_ Fee: \_\_\_\_\_  
Bill Insurance \_\_\_\_\_ Bill client only \_\_\_\_\_ Authorization # \_\_\_\_\_  
#sessions authorized \_\_\_\_\_ Start date \_\_\_\_\_ End date \_\_\_\_\_