

Steven Korner, Ph.D.

Licensed Psychologist #1584/Certified School Psychologist
135 County Road
Cresskill, New Jersey 07626
(201) 894-8881

NEW PATIENT INFORMATION

Full Name: _____

Address: _____

Telephone(s): _____ / _____ / _____ / _____
(home) (work) (mobile) (e-mail)

Age: _____ Date of Birth: _____ Marital Status: _____

Who referred you? _____

If the client is a child, please complete the following:

Parent Name: _____

Address: _____

Telephone: _____ (home) _____ (work) _____ (other)

Parent Name: _____

Address: _____

Telephone: _____ (home) _____ (work) _____ other)

May I contact your at work? _____ May I leave messages at work? _____

Name of person to be contacted in case of emergency:

Name _____ Phone _____

I am aware that the fees for all office visits and/or services are due at the time services are rendered. I understand that I am responsible to check my insurance coverage and to obtain authorizations if they are needed. I am also responsible for all fees regardless of insurance coverage as I am an out of network provider. Fees for requested services are available upon request. I agree to adhere to a 24 hour cancellation policy and understand that I will be charged for my scheduled appointment time when 24 hour notice is not given.

Signature _____ Date _____