Brooke Schmaling, LCSW
180 Providence Road, Suite 9
Chapel Hill, North Carolina 27514
Telephone: 203-671-0275

FACE SHEET

Name of Client:_____ **DOB:**_____

Address:_____ **Age:**_____

_____ **Referred By:**

Home Phone:_____ _____

Cell Phone:_____

Email:_____

If Under 18 or if family members are involved in treatment:

Mother:_____ **Father:**_____

Address:_____ **Address:**_____

_____ _____

Home Phone:_____ **Home Phone:**_____

Work/Cell Phone:_____ **Work/Cell Phone:**_____

Legal Guardian if not self or parent:_____

Other family members:	**Age:**	**Live at home?**
_____	_____	_____
_____	_____	_____
_____	_____	_____

PCP/Pediatrician:_____

Psychiatrist:_____

School:_____

Insurance Company:_____ **Policy #:**_____

Subscriber Name/DOB:_____