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Client Demographics

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Phone: Home \_\_\_\_\_ cell \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male/Female/Xe/Trans/Other

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Primary Care Provider \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Emergency Contact—Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Person Responsible for Payment (if not client) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ (completing this section give me permission to contact that person if needed)

I do not accept insurance but you can choose to submit a receipt to your insurance company:

Insurance \_\_\_\_\_

Policy Number \_\_\_\_\_ ID Number \_\_\_\_\_

Address \_\_\_\_\_

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