

Manfred J. Melcher, MSW, LCSW

Licensed Clinical Social Worker
CA license 74175

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Carmel, CA 93923

Office Phone: (831) 402-5115

Client Registration

Date: _____

Name: _____

Date of Birth: _____ Age: _____

Gender: _____

Social Security Number: _____

Address: _____ Zip: _____

ok to send mail to this address

Home Phone: _____ ok to call/message?

Work: _____ ok to call/message?

Cell: _____ ok to call/message?

Email: _____

ok to email?

Person to Contact in Emergency: _____ Phone: _____

Physician: _____ Phone: _____

check if I may contact to discuss our work

Referral Source: _____

check if I may contact to thank them

Employer/School: _____

Relationship Status: Single Married/Partner Separated Divorced Widowed

Spouse/Partner's Name: _____ Employer: _____

Contact phone/email: _____

ok to leave message/email

General Office and Billing Policy

1. I understand that Manfred J. Melcher, LCSW is **not an in-network provider for any insurance carrier.**
2. I understand that all fees are my responsibility and I agree to pay for all services as agreed upon.
3. I hereby permit a copy of this form to be used in place of the original.
4. I understand scheduled sessions are time reserved and that there is a **24-hour cancellation policy.** I agree to pay the full fee for cancelled or missed sessions (emergencies exempted).

Client: _____

Signature: _____ Date: _____