Client's Relationship to Insured	□ Self	□ Spouse	□ Child	□ Other	
IN CASE OF EMERGENCY					
Name of Local Friend or Relative (not living at same address)	Relationship to Client			Home Phone No.	Work Phone No.
				()	()
				()	()

Lewis J. Moskowitz

CLIENT INTAKE FORM

(Continuation)

PLEASE READ THE FOLLOWING CAREFULLY	
I understand that I am responsible for my fee payment at the beginning of earesponsible for the full payment of fees for services rendered regardless of w sought. Lewis J. Moskowitz will honor contractual agreements made with the which stipulate specific reimbursement restrictions.	hether insurance reimbursement will be
Y	
CLIENT/GUARDIAN SIGNATURE	DATE
I hereby consent to treatment by specified provider. Although the chances for be met by adhering to therapeutic suggestions, I understand that I am responsitor to decision to stop.	
X CLIENT/GUARDIAN SIGNATURE	DATE
I hereby authorize the release of necessary medical information for insurance	e reimbursement purposes.
x	
CLIENT/GUARDIAN SIGNATURE	DATE
I authorize the payment of medical benefits to the provider of services.	
x	
XCLIENT/GUARDIAN SIGNATURE	DATE
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