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Client Contact Information

Today's Date: _____

Name (first, last): _____

DOB: _____ **Age:** _____ **Phone (home):** _____ **(cell):** _____
Can messages be left? Yes ___ **No** ___ **Which phone** _____

Mailing Address: _____

Street Address: _____

Email Address for appointment confirmation: _____

Insurance Information:

Primary Insurance company: _____ **Phone Number:** _____

Policy ID number: _____ **Group number:** _____ **Effective Date:** _____

Subscriber Name: _____ **DOB** _____
Relationship to subscriber: _____

Secondary Insurance: _____ **Phone Number:** _____

Policy ID number: _____ **Group number:** _____ **Effective Date:** _____

Subscriber Name: _____ **DOB:** _____
Relationship to subscriber: _____

Employer Group Name: _____

Emergency Information:

Name: _____ **Relationship:** _____

Address: _____

Phones: (home) _____ **(cell)** _____ **(work)** _____