

**CAROLYN RITTENBACH, Psy.D., LLC**  
**Psychological Balance**  
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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)** \_\_\_\_\_