



Generations

A Family Place Inc.

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New Client Information Sheet

Name: _____ Date: _____

Address _____ City _____ State _____ Zip _____

Phone Numbers—Home _____ Work _____ Cell _____ Message _____

Birth date: _____ Age: _____ Sex: _____

Employer: _____ For how long? _____

Address: _____

Phone: _____ Education level: _____ Degrees: _____

Marital/Relationship status: _____ Significant other's name: _____

Significant other's age _____ & sex: _____ How long together? _____

Names & ages of all children in the home: _____

Who referred you? _____ May I acknowledge the referral? Y __ N __

Who should I contact in case of emergency?

Name: _____ Relationship: _____

Phone: _____ Cell: _____

Insurance Information:

Policy Holder's Name: _____ DOB: _____

Policy Holder's SSN _____ ID No. _____ Group No.: _____

Please indicate the address and telephone number you want me to use when sending bills:

May I leave a message? Y _____ N _____

I grant authorization to Allen L. Levy LPA to release any Protected Health Information to my insurance company that is necessary for billing, or to process my claim for payment of services. I agree that a photocopy of this authorization shall be as valid as the original.