

Behjat Shirazi MA, LPCC
6666 4th Street NW
Albuquerque, NM 87107
505-263-0821

Client Information:

*Name: _____ Date: _____
*Social Security #: _____ Birth Date: _____
*Address: _____

*Home Phone: _____ Business Phone: _____
*Employer/School: _____
*Occupation: _____
*Referred by: _____
*Partner's Name: _____ Phone #: _____
*Emergency Contact: _____ Phone #: _____
*Relationship: _____
*Person Responsible for Bill: _____ SS# _____
*Address: _____
*Phone Number: _____
*Allergies: _____



INSURANCE COMPANY INFORMATION

Do you wish to have insurance claims filed for you? Yes ___ No ___
Insured Name: _____ SS# _____
Insured Birth Date: _____ Relationship to Client: _____
Address: _____
Employer: _____ Phone # _____
Insurance Plan: _____ Phone # _____
Group/Policy # _____ ID # _____

OFFICE USE:

Diagnosis Code: _____