

Jennifer Lager, Psy.D.
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Patient Information Form

Client name: _____ Date: _____

Client address: _____

Age: _____ DOB: _____ Sex: _____ Marital Status: _____ Social Security#: _____

Home phone: _____ Work phone: _____

Other ways to contact you (cell phone/beeper/e-mail): _____

May we contact you at home? _____ at work? _____ how else? _____

How were you referred to Dr. Lager? _____

Financially responsible party (if other than the patient): _____

Relationship: _____

Address: _____

Home phone: _____ Work phone: _____

Person to contact in case of an emergency: _____

Relationship: _____

Address: _____

Home phone: _____ Work phone: _____

PAYMENT AND CANCELLATION POLICIES

Payment is due in full at the time of your visit (unless otherwise agreed to in advance). Payment in the form of cash or check is accepted. Appointments not cancelled 24 hours prior to the session will be charged in full to the patient.

Client/Guardian Signature: _____ Date: _____