



**Kevin Karl, LCSW, PLLC**  
**911 Barret Avenue, Louisville, Kentucky 40204 502-640-4536**

**Client Name** \_\_\_\_\_  
(Last) (First) (M.I)

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phones: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
Ok to leave Message \_\_\_\_\_ Ok to leave Message \_\_\_\_\_ Ok to leave Message \_\_\_\_\_

Gender \_\_\_\_\_ Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Partnered \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Employer or School \_\_\_\_\_

**Responsible Party** (If other than client) Relationship to client: \_\_\_\_\_

\_\_\_\_\_ (Last) (First) (M.I)  
Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phones: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
Ok to leave Message \_\_\_\_\_ Ok to leave Message \_\_\_\_\_ Ok to leave Message \_\_\_\_\_

Employer or School \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

Phones: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
Ok to leave Message \_\_\_\_\_ Ok to leave Message \_\_\_\_\_ Ok to leave Message \_\_\_\_\_

## **AGREEMENT TO POLICIES**

I understand and have been given a copy of the Client Policy Agreement. I accept and agree to the **Insurance Release and Assignment, Financial Agreement, Mandatory Release of Information, Privacy Policy and Contract and Consent.**

\_\_\_\_\_  
(Signature of Client or Responsible Party)