



Kevin Karl, LCSW, PLLC
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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)