



Welcome to the Office Of Maureen Smart, LCSW-R

283 Commack Road, LL1, Commack, NY 11725 631.742.0287

maureensmartlcsw@gmail.com <https://www.maureensmartlcsw.com/>

Name: _____

Parent(s) Name: _____

Address: _____

Phone #: _____ Cell phone # _____

DOB: _____ (parent) Email address: _____

Emergency Contact: _____ Relationship: _____

Phone: _____

Has your health insurance already been verified by this office? YES NO

Are you receiving medication management? YES NO

Are you receiving treatment/support from a social worker, neurologist, etc? YES NO

I understand that my personal insurance information, including diagnosis, will be shared with a third party medical biller. *Please be aware that texting and email are not always productive or confidential forms of communication. Texting is not encouraged.* Appointments missed or cancelled within thirty-six hours are subject to full fee being assessed. Cancellation fees for appointments missed due to a sport/team event will not be waived. Multiple appointments cancelled within a short time period are disruptive to treatment and will not be waived. Fees for missed appointments cannot be billed to your insurance company. Every effort will be made to assist you in rescheduling your appointment to avoid cancellation fees being assessed.

Signature: _____ Date: _____

Who referred you to this office? _____

A thank you note will be sent to the person who referred you to this office. No other additional information will be shared without your written consent.

What would you like to talk about today? _____

Thanks for coming in today. I am glad you did.