Gregory Upton, PsyD
2319 N 45th Street #312
Seattle, WA 98103
(206) 801-1408

Client Information Form

Personal Information

Client's Name: _____ Date of Birth: _____

Age: _____ Gender: _____ Social Security #: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: ☐ Home ☐ Cell ☐ Work

Over the past two weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things. 0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly every day

Feeling down, depressed, or hopeless. 0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly every day

Current Treatment Providers

Psychiatrist:_____ Physician:_____
Therapist:_____

Phone Number: _____ _____
_____

Current Medications:_____

Emergency Contact Information

Name: _____ Relationship: _____

Phone: _____ ☐ Home ☐ Cell ☐ Work

Insurance Information

Please complete this section if you are planning to use private insurance for payment

Primary Insurance Company: _____

Name of Insured: _____ Insured's Date of Birth: _____

Insured's SS #: _____ Insured's Employer: _____

Subscriber/ID #: _____ Group #: _____

Secondary Insurance Company: _____

Name of Insured: _____ Insured's Date of Birth: _____

Insured's SS #: _____ Insured's Employer: _____

Subscriber/ID #: _____ Group #: _____

I authorize use of this information for all insurance submissions.
I authorize the release of information to my insurance company.
I understand that I am responsible for the full amount of my bill for services provided.
I authorize direct payment to Dr. Upton

Client Name: _____ Date: _____

Client Signature: _____