

E. Hilary Jordan, LCSW
5100 N. Ravenswood Ave., Suite 230
Chicago, IL 60640
773/255-0619

Today's Date: _____

Name: _____

Birthdate: _____

Address: _____

Referred by: _____

Email: _____

Phone numbers

Cell: _____

Home: _____

Work: _____

Professional

Occupation: _____

Employer: _____

Medical

Physician: _____

Medical findings or concerns:

Medications: _____

History of smoking, using alcohol or recreational drugs:

Prior psychotherapy: (when, with whom, treatment length)

Reasons you are seeking psychotherapy currently:

Emergency contact and phone

Name & number: _____

Relationship: _____

Insurance Information

Insurance carrier:

Member id # _____

Group #: _____

**Please note: Appointments canceled less than 24 hours in advance will be charged the full fee. Also, if for whatever reason your insurance does not pay, you will be responsible for the full amount billed.

Signature: _____

Date: _____