

ETaraskiewicz, LLC
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Norfolk, VA 23502

Emily Ballester Taraskiewicz, LPC Psychotherapy and Neurotherapy

CLIENT INFORMATION

First name

Middle name

Last name

EMAIL

Email address

OK to email initial paperwork/access to online portal

PHONE

Phone number

- OK to leave voice message
- OK to send text message
- Send me Text Message reminders for Appointment

ADDRESS

Street Address, City, State, Zip

DEMOGRAPHICS

Birth date (MM/DD/YYYY)

Gender

CLIENT IS A MINOR

Guardian Information (if applicable)

Name (first and last); relationship, phone number

Emergency Contact

Name (first and last); relationship; phone number

INSURANCE

Add insurance information, if applicable.

Insurance Company	
Group ID	
Plan ID	
Member ID	