

# Broad Ripple Therapy Associates

Carla Trusty-Smith, PhD, LMHC, LCAC

	<b>INTAKE SHEET</b>
Therapist Name	Carla Trusty-Smith, PhD,LMHC,LCAC
Date of First Session	
First Name	
Middle Initial	
Last Name	
Address	
Apt.	
City	
Zip Code	
Email address	
Home Phone	
Work Phone	
Mobile Phone	
SSN or ID#	
Birth Date MM/DD/ YY	
Gender	
Marital Status	
Employment	
Primary Insurance	
ID#	
Group#	
Insurance holder if different from client	
Address if different from client	
Employer	
Insurance holders	
birth date	
Relationship to client	
CPT	
DIAG.	

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<i>updated 3/1/12</i>	
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