Arthur J. Rosenbaum, MS. Ed., LCSW-C
10806 Reisterstown Road – Suite 1B
Owings Mills, Maryland 21117
Telephone: 410-363-1620

Client Information

Name:_____Age:_____Date of Birth:_____Gender: M or F

Address:_____
No. and Street Town State Zip Code

Home Phone:_____Work Phone:_____Cell Phone:_____

Employer or School (If Student):_____ Occupation:_____

Emergency Contact:_____Phone:_____Referral Source:_____

Email:_____

Responsible Party for Payment of Fees (Guardian if Client is a Minor)

Name:_____Date of Birth_____

Address:_____
No. and Street Town State Zip Code

Home Phone:_____Work Phone:_____Cell Phone: _____

Relationship to Patient:_____Employer:_____

Email:_____

Medical Information

Family Physician/Internist:_____Phone Number: _____

Please List Current Medications:_____

_____

Additional Current Therapists/Clinicians

Clinician Name:_____Phone Number:_____

Clinician Name:_____Phone Number:_____

Previous Psychotherapy Treatment

Please List Dates and Purpose of Past Treatment:_____

_____

Terms of Service

Description of Services
Arthur J. Rosenbaum, MS. Ed., LCSW-C, is a licensed certified clinical social worker who provides individual, couple and family psychotherapy services on a fee for service basis

Confidentiality
All information between the therapist and the client is held strictly confidential unless:

1. The client authorizes release of information with his/her signature.
2. The client presents a physical danger to self.
3. The client presents a danger to others.

Financial Terms
Services are provided on a fee for service basis. The fee for psychotherapy sessions is $130.00 per 50 minute session. Payment is appreciated at the time of service. The responsible party, listed above, will be responsible for payment of fees. Upon request, statements utilized for insurance reimbursement will be provided. It is the responsibility of the client/responsible party to submit claims for reimbursement

Cancelled/Missed Appointments
A scheduled appointment means that time is reserved solely for you. If an appointment is missed or cancelled with less than 24 hours notice the client/responsible party will be responsible for the $130.00 session fee.

Emergency Procedures
Please do not hesitate to contact this office in the event of a mental health emergency. For such situations I will also provide you with my cell phone number. It is important to utilize the community emergency resources, (call 911 or proceed to the nearest emergency room), in the event I am not immediately available.

Consent for Treatment
I authorize Arthur J. Rosenbaum, MS. Ed., LCSW-C, to provide the assessment and psychotherapy services necessary to my or my minor child's mental health care.

I understand and agree to all the above terms.

_____ _____

Client or Parent/Guardian Date