



**TAMARA L. KLINE, MFT**  
MARRIAGE AND FAMILY THERAPIST  
COUPLES AND SEX THERAPY  
INDIVIDUALS, TEENAGERS, FAMILIES

**9171 WILSHIRE BLVD., SUITE 600**  
**BEVERLY HILLS, CA 90210**  
**T: (310) 226-7000**  
**F: (310) 273-1010**  
**E: TAMARA.KLINE@ATT.NET**

### Contact Information

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Age and date of birth: \_\_\_\_\_

Street address: \_\_\_\_\_

City, state & zip: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

Employer/position: \_\_\_\_\_ Work phone: \_\_\_\_\_

Which phone number is best to reach you? \_\_\_\_\_

May I leave a message on that line? Yes \_\_\_ No \_\_\_

May I contact you by email for scheduling or billing purposes? Yes \_\_\_ No \_\_\_

Email address: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Referred by: \_\_\_\_\_

May I thank this person for the referral? Yes \_\_\_ No \_\_\_

If using insurance and requesting a Super Bill, please provide me with name of the policy

holder: \_\_\_\_\_

Insurance company name and phone: \_\_\_\_\_

SS# (last 4 digits): \_\_\_\_\_ Group #: \_\_\_\_\_

ID#: \_\_\_\_\_

Signature: \_\_\_\_\_