

**Shimmy Feintuch, LCSW CASAC-G**

(530) 334-6882

shimmyfeintuch@gmail.com

**FACE SHEET**

Name \_\_\_\_\_

Gender \_\_\_\_\_ Date of Initial Visit \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home/Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Referral Source \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Primary Reason for this visit \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_