

PATIENT INFORMATION FORM

WELCOME TO OUR OFFICE

TODAY'S DATE _____

IN ORDER TO SERVE YOU PROPERLY, WE NEED THE FOLLOWING INFORMATION. ALL INFORMATION IS STRICTLY CONFIDENTIAL.

(please print clearly)

PATIENT'S NAME _____ BIRTHDATE _____ AGE _____
(last) (first) (middle) (nickname) (mo. day, year)

SOCIAL SECURITY # _____ DRIVER'S LIC.# _____ MARITAL STATUS _____ SEX _____

ADDRESS _____ ZIP CODE _____
(street) (city)

HOME PHONE () _____ CELL PHONE () _____ WORK PHONE () _____
CAN WE CALL YOU AT WORK? _____

EMPLOYER OR SCHOOL _____ ADDRESS _____

NAME OF SPOUSE (OR PARENT) _____ ADDRESS _____

SOCIAL SECURITY # OF SPOUSE (OR PARENT) _____ PHONE () _____

IF PATIENT IS A MINOR WHO IS FINANCIALLY RESPONSIBLE FOR THIS BILL? _____
SOCIAL SECURITY # _____ (last) (first) (m)

E-MAIL ADDRESS: _____

CHIEF COMPLAINT/REASON FOR VISIT _____

DATE OF LAST GENERAL PHYSICAL EXAM _____
(month - year)

REGULAR DOCTOR _____ ADDRESS _____

LIST ANY ALLERGIES YOU HAVE (DRUGS, FOOD, HAY FEVER, OTHER) _____

LIST ANY MEDICAL ILLNESSES _____

LIST ANY MEDICATIONS YOU ARE TAKING _____

HAVE YOU SEEN A PSYCHIATRIST BEFORE? _____ Y _____ N. IF YES, PLEASE GIVE REASON FOR THIS _____

PRIMARY INSURANCE COMPANY _____ POLICY # _____

INSURED NAME _____ D.O.B. _____ SOC. SEC. # _____
(mo. day year)

NAME OF INSURED'S EMPLOYER _____ WORK PHONE () _____

PATIENT'S RELATIONSHIP TO INSURED: SELF SPOUSE CHILD OTHER (circle)

INS. COVERAGE: DEDUCTIBLE _____ CO-PAY _____ INS. AUTHORIZATION # _____

DEDUCTIBLE, CO-PAY, OR FULL PAYMENT IS DUE AT TIME OF SERVICE.

ANY SECONDARY INSURANCE? _____ IF YES, COMPANY _____

\$25.00 CHARGE FOR RETURNED CHECKS. \$30.00 CHARGE FOR TRIPPLICATE REFILL. \$50.00 CHARGE FOR CANCELLATION MADE LESS THAN 24 HOURS BEFORE APPOINTMENT, AND \$75.00 FOR NO SHOW APPOINTMENTS.

I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES FOR SERVICES TO ME, INCLUDING THE BALANCE REMAINING AFTER PAYMENT OF POSSIBLE INSURANCE BENEFITS.

Signed _____ Date _____
(Patient or Parent if Minor)

WE ASK THAT SERVICES BE PAID FOR AT THE TIME RENDERED UNLESS SPECIAL ARRANGEMENTS HAVE BEEN MADE IN ADVANCE. THANK YOU.