

PATIENT INFORMATION
(Please print and complete)



Patient Name: _____ M.I. _____ Today's Date: _____

Marital Status: Single Married Divorced Widowed Separated

Social Security #: _____ Gender: M F Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: (Home) _____ (Work) _____ (Cell) _____

Where may we leave messages to confirm your appointments: Home Work Cell

Name of Spouse (or parents if patient is a child): _____

Responsible Party: _____ Responsible Party's Social Security # _____

Address: _____ City: _____ State: _____ Zip Code: _____

Patient Employed by: _____ Position: _____

In case of emergency, who should we notify? _____ Phone: _____

Who referred you to us? _____

Were you referred to a specific therapist? Yes No If yes, who? _____

I authorize the following people to have access to my (or my child's) appointment times and billing/payment information:

Name: _____ Relationship: _____ Exclusions: _____

Name: _____ Relationship: _____ Exclusions: _____

Primary Insurance

Company: _____

Address: _____

Phone: _____

Subscriber Name: _____

Relation to Patient: _____

Date of Birth: _____ Gender: M F

Social Security#: _____

Policy/ID#: _____

Group#: _____

Address (if different from patient's): _____

Phone #: _____

Subscriber Employed By: _____

Secondary Insurance

Company: _____

Address: _____

Phone: _____

Subscriber Name: _____

Relation to Patient: _____

Date of Birth: _____ Gender: M F

Social Security #: _____

Policy/ID#: _____

Group#: _____

Address (if different from patient's): _____

Phone #: _____

Subscriber Employed By: _____

Authorization Information

It is your responsibility to check with your insurance company regarding pre-authorization before your appointment begins. If your insurance does not pay because you did not obtain pre-authorization, you will be responsible for the full amount due.

Does your insurance require a referral or pre-authorization **Prior** to your first visit: Yes No

PLEASE READ AND SIGN THE BACK OF THIS FORM