Dx # ________________
Site ________________

REGISTRATION FORM

Patient Information

Name first__________ Initial__________ Last__________ Sex ______ Marital Status ______

Social Security No. ____________________ Date of Birth ____________________

Street Address ______________________________ Apt. No. __________

City ______________________________ State __________ Zip __________

Home Phone ____________________ Business Phone ____________________

Currently Employed YES ( ) NO ( ) Full Time Student YES ( ) NO ( )

Physician's Name ____________________

Referred by: Name____________________

and/or ____Google Search ___Psychology Today ___Insurance Co. ___Other____________________

Guarantor Information (Person Responsible or Insured for Payment of Your Bill)

Name first__________ Initial__________ Last__________ Relationship ____________________

Social Security No. ____________________ Date of Birth ____________________

Street Address ______________________________ Apt. No. __________

City ______________________________ State __________ Zip __________

Home Phone ____________________ Business Phone ____________________

Emergency Contact Person

Name ______________________________ Relationship ____________________

Home Phone ____________________ Business Phone ____________________

Insurance Information

Primary Insurance Co. ____________________ Group # __________ ID # __________

ASSIGNMENT OF BENEFITS/GUARANTEE OF PAYMENT: I authorize and instruct my insurance company, if any, to pay any and all relevant benefits directly to the psychologist. I understand, and guarantee, that I am responsible to the psychologist for all the charges not covered by my group or individual insurance plans.

______________________________ ______________ ______________ ______________
Signature Date Relationship Witness

CONSENT FOR TREATMENT: I authorize the psychologist to administer treatment as deemed necessary or advisable by the psychologist.

______________________________ ______________ ______________ ______________
Signature Date Relationship Witness