



PATIENT INFORMATION FORM

**\*\* BRING THIS FORM TO YOUR APPOINTMENT \*\***

PLEASE PRINT LEGIBLY

Patient Name \_\_\_\_\_  
(Last) (First) (Middle)

Social Security # \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Marital Status \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

**Emergency Contact**

Employer Contact \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(Name) (Relationship) (Phone Number)

Employer Phone Number ( ) \_\_\_\_\_

**PRIMARY INSURANCE INFORMATION** (Please complete information for policy holder)

Insured Name \_\_\_\_\_ Birth Date \_\_\_\_\_ SSN# \_\_\_\_\_

Relationship to Patient: SELF \_\_\_\_\_ PARENT \_\_\_\_\_ SPOUSE \_\_\_\_\_ GUARDIAN \_\_\_\_\_

Insurance Company \_\_\_\_\_

Group # \_\_\_\_\_ ID/Policy # \_\_\_\_\_

Insurance Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone # \_\_\_\_\_

**SECONDARY INSURANCE INFORMATION** (Please complete information for policy holder)

Insured Name \_\_\_\_\_ Birth Date \_\_\_\_\_ SSN# \_\_\_\_\_

Relationship to Patient: SELF \_\_\_\_\_ PARENT \_\_\_\_\_ SPOUSE \_\_\_\_\_ GUARDIAN \_\_\_\_\_

Insurance Company \_\_\_\_\_

Group # \_\_\_\_\_ ID/Policy # \_\_\_\_\_

Insurance Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone # \_\_\_\_\_

Billing Address (if different than above) \_\_\_\_\_

**Primary Care Doctor** \_\_\_\_\_ **Phone #** \_\_\_\_\_

Therapist \_\_\_\_\_ Phone # \_\_\_\_\_

I hereby give consent to Baber Psychiatric Group to release any medical information necessary to process any insurance claim. I also give consent for the direct payment of benefits under my health insurance plan to Baber Psychiatric Group. I also give consent for the primary care doctor to coordinate care.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Driver's License # (of Responsible Party) \_\_\_\_\_

We look forward to seeing you at your appointment!