

**Plano Behavioral Health**  
**4011 W Plano Pkwy Ste 123**  
**Plano, TX 75093**

Today's Date \_\_\_\_\_

Referred By \_\_\_\_\_

Welcome to Our Office, In order to serve you properly, we need the following information.

GENERAL

NAME \_\_\_\_\_ Gender: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Name of spouse/Parent \_\_\_\_\_

MEDICAL

TODAY'S COMPLAINT (depression, anxiety, attention, behavior, drug(abuse), others

\_\_\_\_\_

Name of Primary care Physician \_\_\_\_\_

List Any Allergies \_\_\_\_\_

List any Medical condition \_\_\_\_\_

\_\_\_\_\_

List of Any Medications you are taking \_\_\_\_\_

\_\_\_\_\_

Are you pregnant? If applicable \_\_\_\_\_

INSURANCE

Insurance Name \_\_\_\_\_

Insurance Card # \_\_\_\_\_

RX BIN # \_\_\_\_\_

Insurance group # \_\_\_\_\_