gulfcoast BEHAVIORAL HEALTH
1938 SOULE ROAD, CLEARWATER, FL 33759 Ph. (727) 726-7442 F. (727) 288-1111 www.gulfcoastbh.com

Group Home Information

Patient Information

Patient's Name: _____ DOB: _____

Preferred Name: _____ Soc Sec #: _____ Sex: [] Male [] Female [] Other: _____

Primary Care Physician: _____ Phone #: _____

Pharmacy Name: _____ Pharmacy Phone #: _____

Medication Allergies: _____

Legal Guardian Information

Name: _____ DOB: _____ Relationship to patient: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Sex: [] Male [] Female [] Other: _____ Email: _____

Responsible Party

Name: _____ DOB: _____ Relationship to patient: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Insurance Information

Insurance Company: _____

Member ID #: _____ Group #: _____ Phone #: _____

Policyholder's Name: _____ Relationship to patient: _____

DOB: _____ SSN: _____ Policyholder's Phone #: _____

Group Home Information

Home Name: _____ Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Fax #: _____

Home Manager: _____ Phone #: _____

I acknowledge, understand, and agree that I am responsible for the above-named individual. **I will present a Medication Administration Record (MAR) for my client's provider to review at every appointment.** I acknowledge and understand that failure to provide this information will cause a delay in prescriptions being sent to the pharmacy.

I acknowledge and understand that for Gulfcoast Behavioral Health to protect my client's privacy, I will be required to provide three identifying pieces of information when contacting the office by telephone and/or email. I understand and agree that if my client moves out of my group home, I will notify Gulfcoast Behavioral Health of the change.

I acknowledge and agree that the above information is true to the best of my knowledge. I agree that a copy and/or electronic signature below may substitute as the original and is the legal equivalent of my manual/handwritten/original signature.

_____ _____

Group Home Manager Signature Date