ASHLEY SMITH, LCSW

PATIENT REGISTRATION SHEET

Today's Date:	Provider:	

PATIENT INFORMATION

Last Name:	First:	Middle:	❑ Mr. ❑ Mrs.	❑ Miss ❑ Ms.	Marital status (circle one) Single / Mar / Div / Sep / Wid
Street Address:	City:		State:		ZIP Code:
Home phone no.: ( )	Cell/Other contact no.: ( )	Social Security no.:	Birth Date: / /		Sex: ❑ Other ❑ M ❑ F
Employer:	Occupation:		Work phone no.: ( )		
Street Address:	City:		State:		ZIP Code:
Referring Doctor (if required by insurance):					
Notify Primary Care Physician? ❑ YES ❑ NO	Name of Primary Care Physician		Contact no.: ( )		

IN CASE OF EMERGENCY

Emergency Contact Name:	Home phone no.: ( )	Cell phone no.: ( )

INSURANCE INFORMATION

Insured's Last Name **(if different):**	First:	Middle:	❑ Mr. ❑ Mrs.	❑ Miss ❑ Ms.	Marital status (circle one) Single / Mar / Div / Sep / Wid
Home phone no.: **(if different)** ( )	Cell/Other contact no.: ( )	Social Security no.:	Birth Date: / /		Sex: ❑ Other ❑ M ❑ F
Insurance Company:	Insurance Billing Address:		Insurance phone no.: ( )		
Policy no.:	Group no.:	Relationship to Insured:	❑ Self	❑ Spouse	❑ Dependent

SECONDARY INSURANCE INFORMATION (IF APPLICABLE)

Insurance Company:	Insurance Billing Address:	Insurance phone no.: ( )
Policy no.:	Group no.:	Relationship to Insured: ❑ Self ❑ Spouse ❑ Dependent

The above information is true to the best of my knowledge. I authorize my insurance benefits to be paid directly to the therapist. I understand that I am financially responsible for any balance. I also authorize Ashley Smith, LCSW, Dr. Kimberly A. Lemke, P.C, and SR and R Counseling Inc, and those acting on the practice's behalf, and my insurance company to release any information required to process my claims.

Furthermore, I have reviewed the Notice of Privacy Practices & the Professional Service Agreement provided. I fully understand and accept the terms of this practice.

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Patient/Guardian signature *Date*

*** PLEASE NOTE: 24 HOUR CANCELLATION POLICY – Please be advised that 24 hours notice is required for cancellations. Otherwise, your account will be charged for the session amount. Thank you for your cooperation.**