KARA MORGAN, 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 be paid directly to the therapist. I understand that I am financially responsible for any balance. I also authorize Kara Morgan, LCSW, Dr. Kimberly A. Lemke P.C., 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.**