

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

Today's Date _____
ReferredBy _____

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 _____ CellPhone _____

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 # _____