

### Patient Information Form

Please complete each question. Please bring your insurance card and driver's license, as we will need to make a copy for our records.

For marketing purposes, how did you hear about us? Please circle.    Psychology Today    I called my  
 Health Insurance    www.healthgrades.com    www.havencounsel.com    Yelp    Google Business  
                          Word of Mouth    www.therapyden.com    Friend/Relative/Coworker/Church    Doctor  
    Psychiatrist    Instagram    Pinterest

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email: \_\_\_\_\_

\*In case of emergency contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

#### Insurance Information

	Primary Ins.	Secondary Ins.
Insurance Company:		
Subscriber's Full Name:		
Subscriber's Birthday		
Policy ID Number:		
Group Number:		
Relationship to Patient:		
Address of Subscriber:		