Spectrum Psychological Services
33305 1st Way S., Suite B-212
Federal Way, WA 98003
Phone: (253) 344-1840
Fax: (253) 344-1959
Website: SpectrumPsychologicalServices.com
Email: SpectrumPsychServices@gmail.com

PATIENT INFORMATION FORM

Patient Information

Patient Legal Name:
Preferred Name:
Pronouns:
Date of Birth:
Administrative Sex: ☐ Male ☐ Female
Address 1:
Address 2:
City:
Zip Code:
E-Mail Address:
Cell Phone:
Home Phone:

Parent/Guardian Information

(Person Responsible for Payment)

Parent/Guardian Legal Name:
Preferred Name:
Relationship to Patient:
Date of Birth:
Administrative Sex: ☐ Male ☐ Female
Address 1:
Address 2:
City:
Zip Code:
E-Mail Address:
Cell Phone:
Home Phone:
Work Phone:

Additional Parent/Guardian Information

Parent/Guardian Legal Name:
Preferred Name:
Relationship to Patient:
Date of Birth:
Administrative Sex: ☐ Male ☐ Female
Address 1:
Address 2:
City:
Zip Code:
E-Mail Address:
Cell Phone:
Home Phone:
Work Phone:

Insurance Information

Insurance Company:
Insurance Subscriber Name:
Insurance Subscriber Date of Birth:
Insurance ID#:
Insurance Group#: