Smiths Station and Phenix City Psychological

2061 Lee Rd. 430 • Smiths Station AL, 36877
Phone: 334-577-4978 • Fax: 334-408-4518
Email: sspcp2010@gmail.com

Client Information – Adult

***Please complete all information as legibly as possible. Thank you!**

Legal Name:_____ Preferred Name: _____

SSN:_____ Date of Birth: _____

Mailing Address: _____

(Street) (City) (State) (Zip)

Phone: _____

(Cell) (Home) (Work)

Preferred order of phone contact?_____ Phones suitable to leave a message at: _____

Email: _____

(Primary) (Secondary)

Insurance:_____ Secondary Insurance: _____

****A COPY OF YOUR INSURANCE CARD AND COMPLETION OF OUR INSURANCE INFORMATION FORM IS REQUIRED****

Primary Physician:_____ Primary Physician phone number: _____

Did this physician refer you to us?_____ If so, and you received a referral number please provide: _____

If not, whom may we thank or how did you hear about us? _____

Emergency Contact:_____ Relationship to you: _____

Phone: _____

(Cell) (Home) (Work)

_____ _____ _____

Your Signature Date Date of Intake