

V&R Behavioral Health Services
700 Ravinia Place
Orland Park, IL 60462

708.226.0010 P
708.226.0040 F

Patient Registration Information

Date _____

Name _____
Last First

Date of Birth _____ (check) Male Female other

Address _____ Phone _____

City _____ State _____ Zip Code _____

Who referred you to our office? _____

In case of emergency, whom should we contact? _____ Phone _____

Dependents involved in Court Ordered reunification and/or co-parenting therapy

Name _____ date of birth _____

Name _____ date of birth _____

Name _____ date of birth _____

Name _____ date of birth _____

Name _____ date of birth _____

Assignment and Release

I hereby authorize payment directly to V&R Behavioral Health Services Ltd. I understand that I am financially responsible for all charges, including collection costs incurred on unpaid balances, for all services rendered on my behalf or my dependents. I authorize the above noted doctor and/or any provider or supplier of services in this office to release any information required securing the payment of benefits.

Signature

Date

Printed Name