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

Printed Name

708.226.0010 P 708.226.0040 F

Patient Registration Information

Name (check √) □ Male □ Female □ other Address Phone City State Zip Code Who referred you to our office? Phone 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 Name date of birth Hereby authorize payment directly to V&R Behavioral Health Services Ltd. I understand that I am financially responsible for 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 require securing the payment of benefits. Signature Date	Date	_		
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Address	Last	First		
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