Behavioral Healthcare Services



201 Adams St. Fairmont WV 26301

304-534-8582 • Toll Free 833-534-8582 Fax 304-534-8791 www.so]acebchavioralscrviccs.com

Client Registration Form

Provider/Therapist/Counselor/Coach: Yolanda Hunter, APRN

# Patient Demographic Information

|  |  |
| --- | --- |
| Patient Name: | Social Security# (last 4 digits): |
| Street Address: | Date of Birth: |
| City, State, Zip Code: | Home Phone: |
| Gender: | Work Phone: |
| Email Address: | Mobile Phone: |
| Primary Physician: | Psychiatrist (if any): |
| Emergency Contact Person: | Emergency Contact Phone: |
| How did you hear about us? | Marital Status: |

Responsible Party is the person who will be paying the per-session fee for services (leave blank if same as patient)

|  |  |
| --- | --- |
| Responsible Party: | Home Phone: |
| Street Address: | Work Phone: |
| City, State, Zip Code: | Mobile Phone: |
| Relationship to Patient: | Responsible Party last 4 digits SSN: |

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## Insurance Information

|  |  |
| --- | --- |
| Primary Insurance: | Policy Holder Name: |
| Company Address: | Policy Holder Date of Birth: |
| City, State, Zip Code: | Identification Number: |
| Company Phone: | Policy/Group Number: |
| Employer: | Policy Holder SSN: |
| Secondary Insurance: | Policy Holder Name: |
| Company Address: | Policy Holder Date of Birth: |
| City, State, Zip Code: | Identification Number: |
| Company Phone: | Policy/Group Number: |
| Employer: | Policy Holder SSN: |
| Reason for referral: | |

Incomplete forms may cause a delay in scheduling client for initial intake. Thank you for referring your client to Solace Behavioral Healthcare Services, LLC.

Signature/Credentials:

Date: Please fax to 304-534-8791 or may email to Solacebehav@gmail.com