

Emergency Information

In case of emergency, contact:

Name (1) _____ Relationship _____ Phone _____

Address _____ City _____ State _____ Zip _____

Name (2) _____ Relationship _____ Phone _____

Address _____ City _____ State _____ Zip _____

Physician _____ Phone _____

Address _____ City _____ State _____ Zip _____

Psychiatrist _____ Phone _____

Address _____ City _____ State _____ Zip _____

Allergies _____

THE FOLLOWING QUESTIONS ARE FOR INSURANCE PURPOSES ONLY:

Have you had any other mental health appointments this year? If so, how many? _____

Have you had any inpatient hospitalizations this year? If so, how many days? _____

Referral Source

How did you hear of our clinic (or from whom)? _____

Address _____ City _____ State _____ Zip Phone _____

May we thank your referral source? YES NO

Other information

A courtesy call will be given a day or two in advance to remind you of your upcoming appointment.

_____ YES. A courtesy call is okay. Call me at this number _____

Can we talk to anyone else at that number? YES NO If yes, who? _____

Can we leave a message on an answering machine or voice mail? YES NO

_____ NO. Please DON'T CALL OR LEAVE MESSAGES WITH ANYONE ABOUT MY APPOINTMENTS

If you are unable to keep your scheduled appointment, you must give 24 hours advance notice. If 24 hours notice is not given, or your appointment is missed completely, you will be charged. The current no show fee is \$55.00 This amount must be paid and is not billable to your insurance company.

I understand and 24 hour cancellation/ No Show policy: YES NO

Signature

Date