Patient Information Form



First Name	Middle Name / MI	Last Name	Communication Preference
Cell Phone	Home Phone	Work Phone	Email
Patient Address Line 1	Patient Address Line 2		
City	State	Zip	
Date of Birth	Sex	Marital Status	Social Security Number
Patient Smoking Status	Patient Smoking Frequency	Patient Smoking Start Date	Patient Smoking End Date
Name of Spouse	Spouse Date of Birth	SS#	
CA driver's License#	Expiration Date		
If patient is a minor			
Parent 1	Parent 2	Name of Guardian	Custody Rights
Address if different from above			
Emergency Contact			
Emergency Contact Name	Emergency Contact Relationship to Patient	Emergency Contact Home Phone	Emergency Contact Cell Phone
Emergency Contact Address Line 1	Emergency Contact Address Line 2		
Emergency Contact City	Emergency Contact State	Emergency Contact Zip	
Name	Phone Number	Relation	
Employment Informat	ion		
Professional Title	Employer Name	Employer Phone	
Employer Address Line 1	Employer Address Line 2		

6/8/2018 **Employer City Employer State Employer Zip** Insurance Information Insurance provided by Other Type of Insurance Other **Primary Subscriber ID** Deductible **Primary Insurance Name** Primary Group No. Primary care physician Phone Number **Referred by:** Referred by Name Phone

Records Release

I authorize the physician/provider to release any information requested to process this claim and any clinical information necessary for treatment.

Signature

Date

Financial Agreement

I understand that I am responsible for collecting my own insurance benefits. Payments on my account will not be delayed or withheld because of pending insurance claims. I understand that all appointments must be cancelled 24 hrs. in advance or I will be charged a No Show fee. Appointments not cancelled within 24 hrs. are subject to charge of \$30.00 for medication management and full visit fee for therapy appointments. Should my insurance be cancelled, I will be responsible for fees incurred at the industry standard rates.

Signature

Date

140 E. Commonwealth Ave., Suite 101, Fullerton, CA 92832, (714) 773-4111 www.sunnyhillsbh.com