PSYCHOLOGICAL SERVICES OF PENDLETON, LLC

GENERAL INFORMATION FOR ADULT

PATIENT: _____ _____/_____/_____

First Middle Last **Date of Birth**

Gender: Male ☐ or Female ☐ **Age**: ____ **Marital Status**: Married ☐ Single ☐ Divorced ☐ Widowed ☐

Address: _____ _____-_____-_____

Street **Mailing if Different** **Social Security #**

_____

City State Zip Code

Home #:_____**Work #**:_____**Cell #**:_____

***May we contact you at the above numbers and leave messages*? Home ☐ Work ☐ Cell ☐**

Employer: _____ _____

Name & Address **Phone Number**

Spouse/Significant Other: _____ _____/_____/_____

First Last Middle Initial **Date of Birth**

Work #:_____**Cell #**:_____ _____-_____-_____

Social Security #

Spouse/Significant Employer: _____ _____

Name & Address **Phone Number**

Emergency Contact: _____ _____

First Last **Phone Number**

Relationship to Emergency Contact: Spouse ☐ Parent ☐ Guardian ☐ Friend ☐ Other ☐ _____

_____ _____

Primary Doctor or Care Provider's Name **Phone Number**

_____ _____

Pharmacy Name, City **Phone Number**

_____ _____

Primary Insurance **Claims Address** **Subscribers Name/Relationship**

Subscriber's address if different from patient: _____

_____ _____ _____

Policy Number **Group Number** **Employer**

_____ _____

Secondary Insurance **Claims Address** **Subscribers Name/Relationship**

Subscriber's address if different from patient: _____

_____ _____ _____

Policy Number **Group Number** **Employer**

My signature on this form authorizes contact with my doctor or primary care provider. My signature on this form authorizes the release of medical information necessary to process this claim for my insurance company. My signature on this form authorizes payment of insurance benefits to my treating provider. Sending claims to my insurance company is a service provided by Psychological Services of Pendleton, LLC. By signing this form, I certify that I am legally responsible for any charges incurred for this provider.

SIGNATURE **DATE**

REMINDER: YOUR CO-PAY/CO-INSURANCE IS DUE AT THE TIME OF EACH VISIT!