

Name of HRC Clinician \_\_\_\_\_ Date: \_\_\_\_\_

**HRC BEHAVIORAL HEALTH & PSYCHIATRY, PA**

Client(s) Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Number \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: Male  Female

**If Child/Student:** Parent/Guardian's Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Best phone # to be reached at \_\_\_\_\_

School Currently Attending \_\_\_\_\_ Grade/Year \_\_\_\_\_

**If Adult:**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Spouse/Partner's Name \_\_\_\_\_

**In case of emergency notify:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

**Guarantor Information (If other than self):**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ Policyholder \_\_\_\_\_

Policyholder SSN \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Primary Care Physician:** \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Referral Source: How did you find out about us?**

Phone Book  Radio Ads  Friend  HMO or Insurance Co.  EAP  Employer

Health Care Professional  Therapist  Attorney  Website/Internet  Brochure  Other

**Information about person who made referral:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_