

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

**HRC BEHAVIORAL HEALTH & PSYCHIATRY, PA**

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

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

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

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

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

Address \_\_\_\_\_

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

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

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

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

Employer \_\_\_\_\_

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

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

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

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

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

Friend  Insurance  EAP  Employer  Health Care Professional  Therapist

Attorney  Internet/Website  Brochure  Other

Information about referral: Name \_\_\_\_\_ Phone \_\_\_\_\_

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