

Information Needed for Admission and Enrollment

Patient's Name: _____ **Date of Birth:** _____ **SSN:** _____

Contact Information: Primary Parent/Guardian Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: H- _____ W- _____ C- _____

Spouse Name: _____ W- _____ C- _____

E-mail- _____

Other Parent Name if Applicable: _____ **No Rights**

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: H- _____ W- _____ C- _____

Spouse Name: _____ W- _____ C- _____

E-mail: _____

Emergency Contact Information: (Non Parent/Guardian) Other than Listed Above

Name: _____ **Relationship:** _____ **Phone Number:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Insurance Information:

Subscriber Name: _____ **Subscriber Date of Birth:** _____

Insurance Co.: _____ **ID/Subscriber #:** _____

Employer: _____ **Group #:** _____

Secondary Insurance Policy:

Subscriber Name: _____ **Subscriber Date of Birth:** _____

Insurance Co.: _____ **ID/Subscriber #:** _____

Employer: _____ **Group #:** _____

Psychiatrist: **First Name:** _____ **Last Name:** _____

Address: _____ **Ste:** _____ **City:** _____ **State:** _____ **Zip** _____

Phone number: _____ **Fax:** _____

E-mail: _____

Therapist: **First Name:** _____ **Last Name:** _____

Address: _____ **Ste:** _____ **City:** _____ **State:** _____ **Zip** _____

Phone number: _____ **Fax:** _____

E-mail: _____

Primary MD: **First Name:** _____ **Last Name:** _____

Address: _____ **Ste:** _____ **City:** _____ **State:** _____ **Zip** _____

Phone number: _____ **Fax:** _____

E-mail: _____

Any other Release needed for a provider / Probation, Education Consultant etc...

First Name: _____ **Last Name:** _____

Address: _____ **Ste:** _____ **City:** _____ **State:** _____ **Zip** _____

Phone number: _____ **Fax:** _____

E-mail: _____

Names of Hospitals / Residential Programs Patient has Attended Most Recently:

Name: _____ **City:** _____ **State:** _____ **Zip:** _____

Name: _____ **City:** _____ **State:** _____ **Zip:** _____

School: _____ **City/State:** _____ **Grade:** _____