

CHANGE OF INFORMATION _____

NEW PATIENT _____

Powhatan Family Counseling and Education Center

Dr. Judith Cain-Oliver, Licensed Clinical Psychologist

PATIENT REGISTRATION FORM

PATIENT INFORMATION (please print)

PATIENT NAME: _____
Last First Middle

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: () _____ WORK PHONE: () _____ CELL PHONE: () _____

(Please circle which is the best number to reach you.)

DATE OF BIRTH: ___/___/___ SOCIAL SECURITY NUMBER: ___-___-___ GENDER: M / F

MARITAL STATUS: ___ EMERGENCY CONTACT: _____ PHONE NUMBER: _____

PATIENT EMPLOYER: _____ PHONE NUMBER: _____

RESPONSIBLE PARTY INFORMATION (cannot be minor patient; must be legal adult)

RESPONSIBLE (OR INSURED) NAME: _____
Last First Middle

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: () _____ WORK PHONE: () _____ CELL PHONE: () _____

DATE OF BIRTH: ___/___/___ SOCIAL SECURITY NUMBER: ___-___-___ SEX: ___ M/F ___

RESPONSIBLE (OR INSURED) EMPLOYER: _____ PHONE NUMBER: _____

RELATIONSHIP TO PATIENT: _____

INSURANCE INFORMATION

PRIMARY INSURANCE COMPANY: _____

ID NUMBER: _____ GROUP NUMBER: _____

POLICY HOLDER: _____ PATIENT RELATION TO POLICYHOLDER: _____

DATE OF BIRTH: ___/___/___ SEX: ___ M/F ___ AUTH#: _____

SECONDARY INSURANCE COMPANY: _____

ID NUMBER: _____ GROUP NUMBER: _____

POLICY HOLDER: _____ PATIENT RELATION TO POLICYHOLDER: _____

DATE OF BIRTH: ___/___/___ SEX: ___ M/F ___ AUTH#: _____

Patient Signature (If Patient Is A Minor The Responsible Party Must Sign)

_____/_____/_____
DATE

*Powhatan Family Counseling and Education Center maintains records for seven years after the last date of service. Records of a minor child are maintained until the child reaches the age of 18 with a minimum retention of seven years from the last date of service.