

1st Appointment Date:

Patient/Insurance Information Sheet

Name of patient: _____ **Gender:** _____

Street Address _____

City, State, Zip _____

Patient Phone: (H) _____ **(W)** _____ **(Cell)** _____

Patient's date of birth: _____ **Patient's social security #:** _____

Name of insured: _____ **Gender:** _____

Insured's Street Address: _____

Insured's City, State, Zip: _____

Patient's relationship to insured: _____ **Insured's Date of Birth:** _____

Insured's Social Security #: _____

Insurance Carrier: _____

Insurance Carrier Phone Number: _____

Insurance Carrier Address: _____

Employer and/or Group # of plan: _____

Insurance ID (if different from Social Security number): _____

Authorization Information:

(Enclose copy of authorization letter) or 1. **Number of sessions authorized:** _____

2. **State and end dates:** _____

3. **Authorization number:** _____