

Sylvia K. Neal, LCSW, PLLC

Psychotherapist

7360 N. La Cholla Boulevard

Tucson, Arizona 85741

(520) 219-1992 Fax: (678) 244-7858

Patient Registration Information

Date ____/____/____

PLEASE PROVIDE AS LEGIBLE AS POSSIBLE THE FOLLOWING INFORMATION

Patient Name	Phone	Date of Birth ____/____/____	Age
Address	Sex Male or Female	Social Security No. - - -	
City State	Zip Code	Marital Status S M W D RM SP Co	Spouse's Name
Employer	Occupation	Work Phone	
Referral Source	Patient's Medical Doctor		

RESPONSIBLE PARTY/PRIMARY CARD HOLDER

Name	Social Security No.	Relationship	Home Phone
Address	City State	Zip Code	Date of Birth ____/____/____
Employer	Address		Work Phone

NOTICE IN CASE OF EMERGENCY

Name	Relationship	Home Phone	Work Phone
Address	City	State	Zip

INSURANCE INFORMATION

Primary Behavior Health Insurance Carrier	Phone No.	Identification No.
Address	City State	Primary Group No.
Secondary Behavioral Health Insurance Carrier	Phone No.	Secondary Group No.

Our office provides the service of "reminder calls." To protect your privacy, please indicate how you would prefer this to be done. (Please choose one of the following)

- Leave message at your home number
- Call you at your work or alternate phone number: _____
- You prefer that staff does not confirm your appointment.

Please read and sign:

I authorize the release of any of my medical, psychiatric or other information necessary to process any claim and to provide information to another health care provider when necessary to coordinate treatment. I also authorize payment of medical benefit to the physician or supplier for services rendered. I fully understand that if my insurance denies payment for any service defined as a non-covered service, I will be responsible for any amount due.

Signature of Patient/Parent or Guardian

Date