## PATIENT INFORMATION FORM

<b>Name:</b> First	Middle	Last	
Address: Street			
City	State		Zip
home phone: ( )	work phone (	)	cell phone ( )
Can a message be left	at the above phone numbers?	Home yes	no
	(Please circle Yes or No)	Work yes	no
		Cell yes	no
Social Security #		Date	of Birth
Employer	0	occupation	
Person to contact in o	case of an emergency		
Name:	R	Relationship	
Home phone ()	work phone (	)	cell phone ( )
employer	OCCL	upation	
Referred by			
Name	Relationship (e.g. friend, doctor, employer)		
May I thank this persor	n/organization for referring you to n	ne?Yes 🗌	No 🗌
Person responsible fo	or billing		
Name			
Address (street)			
City		State	Zip
2			•
I hereby acknowledge	e that I will be personally respon	sible for paymer	nt of all charges due.

Substance use history		
Tobacco: Packs per day Duration of Use	Alcohol	Other drug use Current Use Yes □ No □ Past Use Yes □ No □
Date quit	Amount	Types of drugs
Name and address of primar	y physician	

Significant family and medical and mental health history

## **CONFIDENTIALITY AND MANDATED REPORTING**



**Information revealed in this office will be kept strictly confidential within certain limits.** If you want me to submit your insurance claims, I must provide your psychiatric diagnosis to your insurance company. If you have any questions about how your personal information is protected by the insurance company, I suggest you check with your insurance carrier.

There are certain situations in which mental health professionals are required by law to report personal information. Examples are: when a patient threatens grave bodily harm or death to him/herself or to another person; when there is reason to suspect that a child has been physically or sexually abused; or when a court of law issues a legitimate order to produce records. In such circumstances, it is not necessary to obtain the patient's permission to divulge personal information to the appropriate agency.

Mandated reporting is only rarely required, however, I want you to be aware of the legal limits of confidentially and privileged communication.

I have read the above and understand the rules regarding confidentiality.

Patient

Date