

New Hope Counseling Services Patient Registration - Please PRINT AND complete ALL sections below!

PATIENT'S PERSONAL INFORMATION Marital Status: Single Married Divorced N/A Sex: Male Female

Name: _____ last name first name initial file number
Date of Birth: ____ / ____ / ____ Social Security #: ____ - ____ - ____ E-mail: _____
Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____
Address: _____ Apt. # ____ City: _____ State: ____ Zip: _____

PATIENT'S / RESPONSIBLE PARTY INFORMATION Relationship to Patient: Self Spouse Parent/Guardian Other: _____

Name: _____ last name first name initial
Date of Birth: ____ / ____ / ____ Social Security #: ____ - ____ - ____
Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____
Address: _____ Apt. # ____ City: _____ State: ____ Zip: _____

PATIENT'S INSURANCE INFORMATION Please present insurance cards to receptionist.

Primary Insurance
Name of insured: _____ Date of Birth: _____ Relationship to insured: Self Spouse
 Parent Guardian
Address: _____ City: _____ State: ____ Zip: _____
Insured phone number: _____ Insured's Employer: _____
Primary Insurance Name: _____ Policy #: _____ Group #: _____ Copay \$ _____

Secondary Insurance
Name of insured: _____ Date of Birth: _____ Relationship to insured: Self Spouse
 Parent Guardian
Address: _____ City: _____ State: ____ Zip: _____
Insured phone number: _____ Insured's Employer: _____
Secondary Insurance Name: _____ Policy #: _____ Group #: _____ Copay \$ _____

PATIENT'S REFERRAL SOURCE

How did you hear about our practice (circle or indicate all that apply): _____
New Hope Counseling Website Family Member Friend Yellow Pages Physician Hospital Referral Insurance Company

EMERGENCY CONTACT

Name: _____ Relationship: _____
Address: _____ City: _____ State: ____ Zip: _____
Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

CONFIDENTIAL COMMUNICATION Contact me as follows (check all that apply): Phone - Home Cell Work Text E-Mail U.S. Mail
It is ok to leave a detailed message on the answering machine: Home Cell Work

My protected health information may be released to the following individuals: Do not release information to anyone besides myself
Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____

Your Signature: _____ Date: _____