

Psychotherapy Center for Children, Adults and Families

204 Cherry St.

Milford, CT 06460

(203) 876-0545

(Please print and fill out completely)

Today's date _____

Name and Phone Number of Primary Care Physician _____

Patient's Name _____

Date of Birth _____ Social Security number _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Sex _____ Marital Status _____ Occupation _____

If a minor name and address of parent/guardian _____

Employer/School _____

Spouse's Name _____ Spouse's Social Security number _____

Who is responsible for patient's bill? _____

Has another mental health provider seen you this year? Yes/No If yes, how many times? _____

INSURANCE INFORMATION

Primary Insurance Carrier _____

I.D. Number _____ Group Number _____

Address _____ Phone Number _____

Name and Date of Birth of Primary Insurance Card Holder _____

Social Security number of Primary Insurance Card Holder _____

Employer of Person Insured _____

Secondary Insurance Carrier _____ I.D. Number _____ Group Number _____

Address _____ Phone Number _____

Name and Date of Birth of Secondary Insurance Card Holder _____

Social Security number of Secondary Insurance Card Holder _____

Employer of Person Insured _____

Person to contact in case of emergency _____