

Advanced Psychiatry of Elgin

Child, Adolescent and Adult Psychiatry

2130 Point Boulevard, Suite 200

Elgin, IL 60123

Telephone: 847.783.0307 Fax: 847.783.0730

REGISTRATION

DATE _____

PATIENT NAME _____

STREET ADDRESS _____

CITY, STATE & ZIP CODE _____

BIRTHDATE _____ AGE _____ ETHNICITY _____

SOCIAL SECURITY NUMBER _____ EMAIL _____

TELEPHONE (HOME) _____ (CELL) _____

EMPLOYER (NAME) _____ (PHONE) _____

PHARMACY NAME _____ PHARMACY PHONE _____

PHARMACY ADDRESS _____

NAME OF PRIMARY CARE
PHYSICIAN/PEDIATRICIAN _____

MAY WE EXCHANGE PRIVATE HEALTH CARE INFORMATION WITH YOUR PRIMARY CARE
PHYSICIAN/PEDIATRICIAN? ____ YES ____ NO

NAME OF THERAPIST _____

MAY WE EXCHANGE INFORMATION WITH YOUR THERAPIST? ____ YES ____ NO

SINGLE MARRIED WIDOWED SEPARATED DIVORCED

FOR CHILDREN OR ADOLESCENTS, PLEASE COMPLETE THE FOLLOWING:

FATHER'S NAME _____ MOTHER'S NAME _____

WHO IS THE LEGAL GUARDIAN? _____

NAME OF SCHOOL ATTENDED _____ CURRENT GRADE _____

INSURANCE INFORMATION:

DO YOU HAVE INSURANCE? YES NO IF YES, PLEASE ANSWER THE FOLLOWING:

NAME OF PRIMARY INSURER _____

NAME OF SECONDARY INSURER _____

ARE YOU THE PRIMARY INSURED? YES NO IF NO, PLEASE ANSWER THE FOLLOWING:

PRIMARY INSURED'S NAME _____ RELATIONSHIP _____

BIRTHDATE _____ SOCIAL SECURITY NUMBER _____

EMPLOYED BY _____

STREET ADDRESS _____

CITY _____

OCCUPATION _____ TELEPHONE (WORK) _____

IN CASE OF EMERGENCY, WHO SHOULD BE NOTIFIED? _____

RELATIONSHIP _____ TELEPHONE _____

HOW DID YOU LEARN OF MY PRACTICE? _____

ASSIGNMENT AND RELEASE

I, the undersigned, have insurance coverage and assign directly to Advanced Psychiatry of Elgin all medical benefits for services rendered. I understand that I am financially responsible for all charges whether paid or unpaid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits and also to facilitate further medical care with other physicians. I authorize the use of this signature on all of my insurance submissions.

SIGNATURE