

New Patient Information Form

Date:

Patient Name:

DOB:

Duke Hx#:

Home Address (street, city, state, zip):

Home Phone:

Is it ok if we leave a message at home?:

Reason for Seeking Treatment:

*****Do you have Medicare or Medicaid?**

Insurance Information: Name:

Policy #: Group #:

Phone #: Guarantor for Insurance:

2nd Insurance Coverage: Name:

Policy #: Group #:

Phone #: Guarantor for Insurance:

Are you interested in attending: Individual Therapy Group Therapy Both

If you are planning to come to group only: Who is therapist and how often do you meet?

Do you have a preference in regard to seeing a male or female therapist?