

Patient Demographic Form

Gersh, Hartson, Payne, Hoffman & Associates, PC

Today's Date: _____

PATIENT INFORMATION

Last Name First Name Middle Initial Nickname/AKA

Date of Birth Social Security Number Gender

Home Address City State Zip Code

Cell Phone Home Phone Work Phone

Email Address (IF OVER 18)

Employer School

Marital Status:

Married Single Divorced
Domestic Widowed Other
Partnership

Employment Status:

Employed Full-Time Employed Part-Time Not Employed
Student Full-Time Student Part-Time Retired
Homemaker Self Employed Other

Primary Care Physician Referral Source

RESPONSIBLE PARTY (GUARANTOR) INFORMATION

Relationship to Patient: Self (see info above) Parent/Guardian Date of Birth

Last Name First Name

EMAIL ADDRESS: Social Security Number

Home Address City State Zip Code

Cell Phone Home Phone Work Phone

OTHER PARENT/GUARDIAN INFORMATION

Last Name First Name Relationship to Patient

Address City State Zip Code

Cell Phone Home Phone Work Phone

(OVER)

INSURANCE INFORMATION

Primary Insurance – THIS IS NOT ON YOUR INSURANCE CARD (Your information or parent/spouse info.)

Insurance Name

Policy Holder Name

Policy Holder Phone #

Policy Holder Social Sec. #

Relationship to Client

Policy Holder Address

Policy Holder Date of Birth

Policy Holder Employer

Secondary Insurance

Insurance Name

Policy Holder Name

Policy Holder Phone #

Policy Holder Social Sec. #

Relationship to Client

Policy Holder Address

Policy Holder Date of Birth

Policy Holder Employer

I authorize my insurance company to pay Gersh, Hartson, Payne & Associates, PC for services rendered to me and/or my child. I authorize Gersh, Hartson, Payne & Associates, PC to release any Protected Health Information and/or drug/alcohol abuse information to my health insurance company for the purposes of billing and pre-certification if I am using my insurance for psychological/psychiatric services. I understand that this authorization continues indefinitely until I rescind it in writing.

Individual's or Parent's Signature

Individual's or Parent's Printed Name

Date