



Behavioral Health Associates, P.C.
Brian D. Carr, Ph.D.

PATIENT INFORMATION
PLEASE COMPLETE ALL REQUESTED INFORMATION

Personal Information - Please Print

Name _____ Sex _____ Age _____

Date of Birth _____

Address _____

City/State/Zip _____

Phone: Home _____ Work _____ Check if you do not have a phone ___

E-mail _____

Are you employed? __Yes __No Do you attend school? __Yes __No

Name and telephone # of Emergency Contact Person

Marital Status _____ Spouse's Name _____

Who Referred You to This Office? _____

Do you have a Primary Care Physician? __Yes __No

If so may we contact them if needed: __Yes __No If you grant permission to contact your PCP please provide their name and telephone number below.

Insurance Information - Primary Carrier Only

Insurance Company _____

Group Number or Name _____ Policy # _____

Name of Insured _____

Insured's D.O.B. _____ Insured's SS# _____

Billing Information

Responsible Party (Last, First & M.I.)

Address

Phone: Home _____ Work _____

SS# _____

Birthdate _____ Your Relationship to Responsible Party _____

Release of Information

Your privacy is important to us and we want to protect your personal health information. Please check below who we may release information to. You have the right to revoke this permission at anytime by communicating your desire to us either written or oral.

___ my physician, please identify _____

___ my spouse

___ my family, please identify _____

___ my attorney, please identify _____

___ my children, please identify _____

Advanced Health Directives

Please check the appropriate statements

- 1. ___ I have ___ I have not executed an Advance Directive for Health Care
- 2. ___ I have ___ I have not executed an Advance Directive for Mental Health Care
- 3. ___ I have ___ I have not executed an Out-of-Hospital DNR

Do you wish to receive information about any of these documents?

___ Yes ___ No

A copy of my ___ Advance Directive ___ Advance Directive for Mental Health Care

___ Out-of-Hospital DNR is in the possession of:

Name: _____ Address: _____

Telephone: _____