



Smiths Station and Phenix City Psychological

2061 Lee Rd. 430 • Smiths Station AL, 36877

Phone: 334-577-4978 • Fax: 334-408-4518

Email: sspep2010@gmail.com

Client Information – Adult

***Please complete all information as legibly as possible. Thank you!**

Legal Name: _____ Preferred Name: _____

SSN: _____ Date of Birth: _____

Mailing Address: _____

(Street)

(City)

(State)

(Zip)

Phone: _____

(Cell)

(Home)

(Work)

Preferred order of phone contact? _____ Phones suitable to leave a message at: _____

Email: _____

(Primary)

(Secondary)

Insurance: _____ Secondary Insurance: _____

**** A COPY OF YOUR INSURANCE CARD AND COMPLETION OF OUR INSURANCE INFORMATION FORM IS REQUIRED ****

Primary Physician: _____ Primary Physician phone number: _____

Did this physician refer you to us? _____ If so, and you received a referral number please provide: _____

If not, whom may we thank or how did you hear about us? _____

Emergency Contact: _____ Relationship to you: _____

Phone: _____

(Cell)

(Home)

(Work)

Signature and initials below indicate terms of the following notices have been received, read and are agreed to:

- 1.) "Policies and Practices"; HIPAA/PHI. **Initial:** _____
- 2.) "Psychological-Patient Services"; Medication liability (pg. 1) and 48 hr. cancellation notice (pg. 3). **Initial:** _____
- 3.) "Our Agreement". **Initial:** _____

Your Signature

Date

Date of Intake