Solutions
Counseling & Consultation Services

REGISTRATION INFORMATION

PLEASE ANSWER ALL INFORMATION. DO NOT LEAVE ANY BLANKS AND PRINT CLEARLY.

*****PATIENT INFORMATION*****

Patient:_____ SS#: ____/_____/_____

Gender: ( ) M ( )F Age:_____ Date of birth:___/_____/_____ ( )Single ( )Married ( )Other

Address:_____City, State/Zip:_____

Phone:_____E-mail address_____

PCP Primary Care Physician:_____

*****PARENT OR GUARDIAN INFORMATION***** (**necessary** if the patient is a minor**)**

Parent/Guardian name:_____SS#_____

Relationship to patient if not parent:_____Date of Birth:_____

*****INSURANCE INFORMATION*** (MUST BE COMPLETED)**

Primary Insurance:_____ ID#:_____

SUBSCRIBER/INSURED INFORMATION: (information of the person who holds the insurance)

Subscriber:_____Relationship to pt.: self/spouse/parent/other_____

Subscriber SS#:_____ / ____ / ____ Subscriber date of birth:_____

Subscriber Address (if different from patient): _____

City, State, Zip:_____ Phone: (____)_____

Employer: _____

*****EMPLOYEE ASSISTANCE PROGRAM INFORMATION *** (if applicable)**

EAP Company:_____ Employee: _____

Date of birth_____SS#_____

b/reginfo
10-22

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Patient Name:_____

PLEASE DO NOT LEAVE ANY BLANKS. PLEASE WRITE "NONE" OR "N/A" IF A SECTION DOES NOT APPLY

Have any of your relatives had?

- ☐ Alcoholism
- ☐ Drug dependency
- ☐ Cardiac problems
- ☐ Mental/emotional problems
- ☐ Diabetes
- ☐ High blood pressure

Indicate the amounts of the following substances you use on a daily basis:

Alcohol_____ Coffee_____Tea_____

Drugs_____ Tobacco_____

MEDICAL HISTORY:

Current:_____

_____

Past:_____

_____

Food & medication allergies:_____

Date of last physical exam? _____

Current & past medications for medical and psychiatric conditions:

Condition	Medication	Dosage (mg)	Frequency	Date started	Effective?

Previous mental health and substance abuse treatment

Date of Service	Provider Name	Level of Care	Duration	Nature of Problem	Helpful?

I understand my signature gives consent for treatment:

_____ _____

Patient signature (14 and older) Date

_____ _____

Parent/guardian signature (if under 18) Date