
# Patient Demographic Information

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| **Patient Name:** | **Social Security #:** |
| **Street Address:** | **Date of Birth:** |
| **City, State, Zip Code:** | **Home Phone:** |
| **Gender:** | **Work Phone:** |
| **Email Address:** | **Mobile Phone:** |
| **Primary Physician:**<br><br>**Contact Info:** | **Psychiatrist (if any):**<br><br>**Contact Info:** |
| **Emergency Contact Person:** | **Emergency Contact Phone:** |
| **How did you hear about Absolute Serenity?** | **Marital Status:** |

**Responsible Party is the person who will be paying the per-session fee for services (leave blank if same as patient)**

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| **Responsible Party:** | **Home Phone:** |
| **Street Address:** | **Work Phone:** |
| **City, State, Zip Code:** | **Mobile Phone:** |
| **Relationship to Patient:** | **Responsible Party SSN:** |

# Insurance Information

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| **Primary Insurance:** | **Policy Holder Name:** |
| **Company Address:** | **Policy Holder Date of Birth:** |
| **City, State, Zip Code:** | **Identification Number:** |
| **Company Phone:** | **Policy/Group Number:** |
| **Employer:** | **Policy Holder SSN:** |
| **Secondary Insurance:** | **Policy Holder Name:** |
| **Company Address:** | **Policy Holder Date of Birth:** |
| **City, State, Zip Code:** | **Identification Number:** |
| **Company Phone:** | **Policy/Group Number:** |
| **Employer:** | **Policy Holder SSN:** |

FINANCIAL AGGREEMENT

I have agreed to pay privately for my therapy.

The agreed upon charge is $_____ per session. Paperwork or other requests will be a separate cost if not done during the allotted time. Additionally, I acknowledge that my insurance will not reimburse me for my decision to see a therapist privately. Absolute Serenity will not bill my insurance.

**If you are unable to keep an appointment, we must be notified at least 24 hours in advance. Failure to do so will result in a missed appointment charge of $25.00. After 2 missed appointments you will be required to pay in full prior to your next scheduled appointment.

X_____

Client or Parent/Guardian Signature Date