

**BOCA RATON PSYCHIATRIC GROUP, P.A.**

**PLEASE PRINT**

**DATE** \_\_\_\_\_

Dr.  Mr.  Mrs.  Miss  Ms.  Male  Female  Other

AGE \_\_\_\_\_

MARITAL STATUS:  SINGLE  MARRIED  WIDOWED  DIVORCED  SEPARATED

PATIENT'S LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ APT \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ REFERRED BY \_\_\_\_\_

EMPLOYER \_\_\_\_\_ EMPLOYER ADDRESS \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ CELL# \_\_\_\_\_ EMAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ DRIVER LICENSE # \_\_\_\_\_

PHARMACY NAME/ADDRESS \_\_\_\_\_

PHARMACY PHONE # \_\_\_\_\_

SECONDARY ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

PERSON TO CONTACT IN CASE OF EMERGENCY \_\_\_\_\_ PHONE \_\_\_\_\_

**FINANCIAL RESPONSIBILITY**

GUARANTOR'S LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ M \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DOB \_\_\_\_\_ SS# \_\_\_\_\_ DRIVER LIC # \_\_\_\_\_

EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_

IS THIS CASE RELATED TO ANY LITIGATION?  YES  NO

DOES A LAWYER REPRESENT YOU?  YES  NO

**INSURANCE INFORMATION**

NAME OF INSURANCE COMPANY \_\_\_\_\_

**PLEASE INCLUDE A COPY OF YOUR INSURANCE CARD (FRONT AND BACK)**

**PLEASE INCLUDE A COPY OF YOUR ID**