United Psychological
SERVICES

Patient Information

Date: _____

Name of Patient: _____ Date of Birth _____

Address: _____ S.S.# ***-**-_____

City: _____ State: _____Zip: _____

Sex: Male _____ Female_____ Other_____

Phone: (home) _____ Business: _____

Cell: _____ Email: _____
(we use your email to send you password protected reports, and other electronic information)

***Please specify if you would like a call or text from our automated service that will remind you of your appointment the day before.**

CALL_____ TEXT_____

Referred by: _____

Responsible party: *(statements sent to and financially responsible)*

Name: _____ SS# ***-**-_____ DOB: _____

Address: _____

City: _____State:_____Zip:_____

Emergency Contact:

Name: _____ Phone: _____

Insurance Information: ** (Please fill out all requested information) **

If You Have Medicare Who is Your Primary Doctor: _____

Insurance Carrier #1: _____ SS#: ***-**-_____

Subscriber's Name: _____ DOB: _____

Employer: _____

Subscriber's ID: _____ Group Number: _____

(See Reverse to Complete)

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**** Please fill out this information only if you have a secondary insurance or are here due to an auto accident****

Insurance Carrier #2: _____ SS#_____

Subscriber's Name: _____ DOB: _____

Employer: _____ Subscriber's ID: _____

Group Number: _____

Auto Accident:

Auto Insurance Carrier: _____ Date of Injury: _____

Claims Adjuster: _____ Phone:_____

Fax: _____ Claim Number: _____

Attorney Information:

Name: _____ Phone: _____

Address: _____ City: _____

State: _____ Zip: _____

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Concealed Weapon Agreement

Date _____

It is United Psychological Services intent to provide a safe and secure environment for its employees, patients and visitors. Employees, patients or visitors are specifically prohibited from carrying, maintaining, or storing a firearm in any company owned or leased building, regardless of whether a federal or state license to possess weapons has been issued to an employee, patient or visitor.

For purposes of this policy, prohibited "weapons" include any form of weapon or explosive restricted under local, state or federal regulation including all firearms, martial arts weapons, illegal knives or other weapons covered by the law.

I agree not to bring a concealed weapon into this facility.

Signed _____

Printed _____