New England Psychological Services, LLC

Patient Information Update

Today's Date: _____

Your Name: _____ Date of Birth: _____

Street Address: _____ City/ZIP: _____

Telephone: (H) _____ (C) _____ (W) _____

May we leave a voice mail? ☐ Home ☐ Work ☐ Cell ☐ Text message

Email Address: _____

Employment Status: ☐ Full Time ☐ Part Time ☐ Unemployed ☐ Retired

Marital Status: ☑ Married ☐ Separated ☐ Divorced ☐ Live together, unmarried ☐ Single

Emergency Contact: _____ Phone: _____ Relationship to you: _____

Authorization to Contact Physician

I understand that it is customary and that most insurance companies require mental health care providers be in contact with and coordinate mental health care with the client's primary care physician. My signature below authorizes that communication.

Primary Care Physician: _____ Phone: _____

PCP Address (street and city)

Your Signature: _____ Date _____

Insurance Provider _____ ID#: _____

Primary Insured: _____ Relationship to Patient: _____

Address: _____

Date of Birth: _____ Phone: _____

Copay: _____ Deductible _____

****If needed, please obtain a prior authorization from your primary care provider prior to your first appointment. (Contact your insurance company to determine if your plan requires prior authorization.)**

Please initial each line below.

_____I have received, read, and understand New England Psychological Services, LLC Fee Policy.

_____I have received, read, and understand New England Psychological Services, LLC Limits of Confidentiality.

_____I have received, read, and understand New England Psychological Services, LLC Notice of Privacy Policy.

_____I understand that all personal balances are payable at the end of each session, and I am responsible for all fees not covered by insurance. I also understand that I will be charged for missed appointments or cancellations with less than 24 hours notice.

Do we have permission to discuss your condition with your spouse, children, or others? Yes ☐ No ☐
If yes, please indicate the person's name and relationship to you.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Signature: _____ Date: _____