

Name of HRC Clinician \_\_\_\_\_ Date: \_\_\_\_\_

**HRC BEHAVIORAL HEALTH & PSYCHIATRY, PA**

Client(s) Name \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Pager \_\_\_\_\_ Cell Number \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male  Female

**If Child/Student:** Parent/Guardian's Name \_\_\_\_\_  
Relationship to Child \_\_\_\_\_ Best phone # to be reached at \_\_\_\_\_  
School Currently Attending \_\_\_\_\_ Grade/Year \_\_\_\_\_

**If Adult:**  
Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Spouse/Partner's Name \_\_\_\_\_

**In case of emergency notify:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Guarantor Information (If other than self):**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ Policyholder \_\_\_\_\_  
Policyholder SSN: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Employer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Primary Care Physician:** \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Referral Source: How did you find out about us?**

Phone Book  Radio Ads  Friend  HMO or Insurance Co.  EAP  Employer   
Health Care Professional  Therapist  Attorney  Website  Brochure  Other

**Information about person who made referral:**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_