

**TIMBERLAWN MENTAL HEALTH SYSTEM**

Today's date: \_\_\_\_\_

*PATIENT INFORMATION SHEET*

Patient's full name: \_\_\_\_\_ M/F \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Home address: \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell# \_\_\_\_\_ Wk# \_\_\_\_\_

Email Address: \_\_\_\_\_

Marital Status: M S D W (circle one) Race: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Phone# \_\_\_\_\_

Occupation: \_\_\_\_\_

Responsible Party: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Responsible Party address: \_\_\_\_\_ Cell# \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home# \_\_\_\_\_ Wk# \_\_\_\_\_

Next of Kin Address: \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home# \_\_\_\_\_ Wk# \_\_\_\_\_

Emergency Contact address: \_\_\_\_\_ Cell# \_\_\_\_\_

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**INSURANCE INFORMATION**

1<sup>ST</sup> Insurance Name \_\_\_\_\_ Id# \_\_\_\_\_ Grp# \_\_\_\_\_

Insured Name: \_\_\_\_\_ Insured DOB: \_\_\_\_\_ SS# \_\_\_\_\_

Insurance Address: \_\_\_\_\_ Phone# \_\_\_\_\_ Employer \_\_\_\_\_

2<sup>nd</sup> Insurance Name \_\_\_\_\_ Id# \_\_\_\_\_ Grp# \_\_\_\_\_

Insured Name: \_\_\_\_\_ Insured DOB: \_\_\_\_\_ SS# \_\_\_\_\_

Insurance Address: \_\_\_\_\_ Phone# \_\_\_\_\_ Employer \_\_\_\_\_

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Are you under the care of a doctor or therapist? (Name, Address and Phone Number) \_\_\_\_\_

Has the Patient ever been to Timberlawn before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Who referred you to Timberlawn? (Name, Address and Phone Number) \_\_\_\_\_