



### DEMOGRAPHIC AND BILLING INFORMATION

Guest to be seen \_\_\_\_\_ Todays Date \_\_\_\_\_  
(As it appears on insurance card) minor: yes/no

Name: Parent / Guardian / Spouse (circle one)

Name: Parent / Guardian / Spouse (circle one)

Address w/zip code

Address w/zip code

Home Phone / Cell / Work (please circle one)

Home Phone / Cell / Work (please circle one)

Social Security #

Date of Birth

Social Security #

Date of Birth

Employer (if minor, please list student & school)

Employer (if retired, please list corporation)

Your Email

Your Email

Child's name age DOB mine, partner, ours

living w/you School

Child's name age DOB mine, partner, ours

living w/you School

Child's name age DOB mine, partner, ours

living w/you School

Child's name age DOB mine, partner, ours

living w/you School

Past Counseling: Yes NO Attending Church: Yes No

Primary Physician Current medications

*I have been given my PHI and HIPPA rights \_\_\_\_\_ (Initial)*

*PMC may contact me to confirm my appointment by (circle one): cell voice cell text home voice*

*I understand I will be billed for cancellations made with less than 24 hours' notice. \_\_\_\_\_ (Initial)*

*I understand my unpaid charges are sent to collections and I will be responsible for the 40% charge the collection agencies charges on top of your unpaid balance. \_\_\_\_\_ (Initial)*

*I understand there is a \$35 document / letters fee for all material requested. \_\_\_\_\_ (Initial)*