

Adult Consent Form Packet

Welcome

Adult Consent Form

Telehealth Consent Form

Standard Authorization Form

HIPPA and Checklist

Adult Demographic Information

First Name (Client/Patient)*

M.I.

Last Name*

Nickname

Date of Birth*

Gender*

Address Line 1*

Address Line 2

City*

State*

Zip*

Phone (Primary)*

Phone (Alternate)

Email Address

Insurance Information

Patient Photo ID

Insurance Card

Primary Insurance*

Subscriber ID*

Group Number*

Policy Holder First Name*

M.I.

Policy Holder Last Name*

DOB of Policy Holder*

Secondary Insurance

Subscriber ID

Group Number

Policy Holder First Name

M.I.

Policy Holder Last Name

DOB of Policy Holder

Person responsible for payment (if not client)

First Name

M.I.

Last Name

Relation to Client

Phone Number

Address Line 1:

Address Line 2:

City

State

Zip

Emergency Contact

First Name*

M.I.

Last Name*

Relation to Client*

Phone Number*

Primary Care Provider

First Name*

M.I.

Last Name*

Location*

Phone

Form Completed by

First Name*

M.I.

Last Name*

Date*

Signature of Client/Patient/Legal Guardian*

Clear

Signature of Insurance Policy Holder*

Clear

Date of Signature*

Date of Signature*

Start Over

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