

# THE NEUROPSYCHOLOGY CONSULTANTS

Neuropsychological Evaluation, Neurobehavioral Management, Forensic Neuropsychology, Clinical Psychology  
5835 Six Forks Road, Suite 200, Raleigh, NC 27609

## PATIENT INFORMATION SHEET

Date \_\_\_\_\_ Referred By \_\_\_\_\_ Physician & Phone \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Home Phone # \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number & State \_\_\_\_\_ Email address \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Highest Education Completed \_\_\_\_\_

Student Status (circle one): Not a student Part time student Full time student

Marital Status (circle one): Married Single Divorced Widowed Legally Separated

Employment Status (circle one): Full time Part time Unemployed Self Employed Retired Military

If Employed, Employer Name & Address \_\_\_\_\_

## HOUSEHOLD MAKEUP

Name	Age	Relationship

## INSURANCE INFORMATION

Patient Relationship to Insured (circle one): Self Spouse Child Other \_\_\_\_\_

Primary Insurance:	ID #	Group #
Billing Address:	City, State, Zip:	
Primary Insured's Name:	Primary Insured's Employer:	
Primary Insured's SSN#	-	-
Primary Insured's Date of Birth:		

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Secondary Insurance:	ID #	Group #
Billing Address:	City, State, Zip:	
Secondary Insured's Name:	Secondary Insured's Employer:	
Secondary Insured's SSN# _____ - _____ - _____	Secondary Insured's Date of Birth:	

Insurance Authorization & Release

1. I authorize use of this form on all of my insurance submissions.
2. I authorize release of information to my insurance company(s).
3. I authorize payment to my service provider
4. I understand that I am responsible for any deductible amount, co-pay, co-insurance amount or any other balance not paid by my insurance, and that payment is due when services are rendered.
5. I attest that the above insurance information is accurate to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian's Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_