Nicole Flory, PhD
Licensed Psychologist

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Patient Registration

TODAY'S DATE: ________________

FIRST NAME: ________________________ LAST NAME: _______________________ MAIDEN NAME: ________________

STREET/APT #: ____________________________ CITY: _________________________ STATE:______ ZIP: _____________

AGE: _________ DATE OF BIRTH: ____________ MARITAL STATUS: ______________ SOCIAL SECURITY#: _____________

OCCUPATION / POSITION: ____

EMPLOYER / SCHOOL: ____

What / When (AM / PM) is the best way to reach you or leave a message?

HOME PHONE: AM PM ________________________ WORK PHONE: AM PM ____________________________

CELL PHONE: AM PM ________________________ FAX: _______________ EMAIL: ________________________

EMERGENCY CONTACT PERSON: ___________________________ RELATIONSHIP: _______________________________

HOME PHONE: _____________________ WORK PHONE: ___________________ CELL PHONE: _____________________

How did you learn about my practice? ____

REFERRED BY: ___________________________________ PHONE: _____________________ FAX:___________________

STREET: ___________________________________ CITY: _______________________ STATE: ______ ZIP: ____________

Is it ok to send a "Thank you note"? YES NO

May I send you an occasional newsletter from my practice? YES NO

REASONS TO SEEK THERAPY: ____

____

____

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CURRENT HEALTH CONCERNS: ____________________

____

____

CURRENT MEDICATION: ____________________

____

____

OVER-THE-COUNTER/HERBAL REMEDIES: ____________________

____

____

Other Information: ____________________

____

____

ONLY complete, if you are planning to use insurance (must provide copy both sides of your insurance card):

INSURANCE COMPANY: ____________________ INSURANCE ID #: ____________________

INSURANCE PHONE NUMBER: ____________________ ADDRESS: ____________________

____

NAME OF INSURED (if other than you):____________________DATE OF BIRTH:____________________

EFFECTIVE SINCE WHEN: ____________________ CARD PHOTOCOPY INCLUDED (both sides): YES NO

PERSON RESPONSIBLE FOR BILL (if other than you): ____________________

ADDRESS: ____________________