Linder Psychiatric Group, Inc.
[] 193 Blue Ravine Rd. Suite 170 Folsom, CA 95630 Ph: (916) 608-0714 Fax: (916) 608-0717
[] 970 Reserve Drive Suite 205, Roseville, CA 95678 Ph: (916) 780-1070 Fax (916)780-1199
[] 508 Gibson Drive Suite 150, Roseville, CA 95678 Ph: (916) 865-3670 Fax (916)780-0303
Hours of operation 7:30am-5:00pm Clinicians Pagers/Cell Phone Available 24 hrs
Website: www.echildpsychiatry.com

OFFICE USE ONLY:
Insurance:____________________
Auth Exp.:____________________
Copay / Ded/Visit limit:____________________

Patient Information:
Date: ____________________
Name: ____________________
DOB:_____/_____/_____Gender: ____________________

Marital Status: [ ]Single [ ]Married [ ]Divorced [ ]Separated [ ]Widowed

Address: ____________________ City: ____________________

State: ____________________ Zip : ____________________ Social Security #:________-________-________

Home Phone#: ____________________ Cell/Work Phone #: ____________________

Can we leave a message on these numbers? [ ] Yes [ ] No, # we can leave a message: ____________________

Employer/ School Name: ____________________ Occupation/ Grade: ____________________

Employer/ School Address: ____________________

Who referred you to this clinic?: ____________________

Reason for visit?: ____________________

Major Health Problems: ____________________ Allergies to medications: ____________________

Current Medications: ____________________

Primary Care Physician: ____________________ Phone#: ____________________

Address: ____________________

Parent/Responsible Party:

Name: ____________________ DOB: ________ Age: ________ Phone # ____________________

Address: ____________________

Emergency Contact Information:

Name: ____________________ Phone #: ____________________ Relationship: ____________________

Address: ____________________

Insurance Information:

Insurance Company: ____________________ Address: ____________________

Group Name: ____________________ Group Number: ____________________

Policy Holder's Name: ____________________ Policy Holder's DOB: ________/________/________

Policy Holder's Social Security #:________-________-________Policy Holder's Relationship: ____________________