



Southern Psychiatry

Patient Demographic Sheet

Full Name: *(Last, First, MI)* _____
 Preferred Name: _____
 Birth Date: _____ Gender: _____ Race: _____ Marital Status: _____
 Email address*: _____
 Phone: _____ Appointment reminder: Text Msg Email
 Address: _____
 City: _____ State: _____ Zip: _____
 Employer: _____ Phone: _____

Emergency Contact Information:

Name: _____ Phone: _____
 Relationship: _____
 Does the provider have permission to share necessary information with this contact in a situation s/he deems an emergency?
 YES NO Initials _____

(Guarantor) Financially Responsible Party's Information

Full Name: *(Last, First, MI)* _____
 Birth Date: _____ Gender: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phones: _____
 Relationship to patient: Self Spouse Parent Other: _____

Insured's Information**

Primary Insurance Co: _____ Does the patient have a second insurance carrier? YES NO
 Insurance ID: _____
 Group ID: _____
 Name: _____ If so, please provide this information.
 Birth Date: _____
 Phone: _____
 Relationship to patient: _____

*Email is only used to send patients receipts, statements for insurance reimbursements, and appointment reminders. **Patients under 18 should provide the email address of a parent/guardian.**

**Insurance information is only documented in regards to an insurance carrier requesting medical records to confirm services rendered. Insurance carriers could potentially do this if the invoice was submitted to the carrier and they are attempting to process a reimbursement to the patient.