# 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: _____
Insurance ID:_____
Group ID:_____
Name:_____
Birth Date:_____
Phone:_____
Relationship to patient:_____

Does the patient have a second insurance carrier? YES NO

If so, please provide this information.

*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.

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## Pharmacy Information

We use an electronic prescription service to prescribe medications. To ensure we send them to the correct location, please provide your preferred pharmacy information below:

Pharmacy Name: _____
Pharmacy Address: _____
Pharmacy Phone Number: _____

We strive to ensure adequate refills during the appointments and ask you to keep up with the available refills. If you wish to change your preferred pharmacy, please notify us as soon as possible so we can update out information.

**Information Regarding Controlled Substances**

Pharmacies require us to send the residential addresses of patients using controlled substances along with prescription. As such, if you move, please notify us as soon as possible to update our records because if your license/ID address does not match the address on the prescription, the pharmacy may not fill it.

Some pharmacies have stopped refilling controlled substances automatically. Depending on the pharmacy you may have to call to tell them to refill these medications when you are due. This is pharmacy dependent, and you should check with your pharmacy regarding their controlled substance refill practices.

Because refilling controlled substances is a multistep process including checking prescription monitoring data, there will be a $25.00 fee for these medications outside of appointment times starting January 1, 2022.

Initials_____

**Information Regarding Establishing Care**

In order to have an appointment scheduled, you will need to return this demographics form, the appropriate intake form (Adult or Child/Adolescent), and a nonrefundable deposit of $450.00 which will be applied to your first appointment. If symptoms acutely worsen prior to the appointment or a psychiatric emergency occurs (e.g., suicidal thoughts, hallucinations, reaction to current medications) you should contact your local mental health center, current provider, or local emergency room.

Initials_____

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