1212 York Rd., #A302
Lutherville, MD 21093
(443) 470-9815 (Telephone)
(410) 296-0609 (Fax)
info@cbtbaltimore.com

Patient Information Sheet

Name: _____

Address:_____

_____

Phone (home): _____ Phone (work):_____

Phone (cell): _____

Email: _____

Date of Birth:_____

Social Security Number:_____

Whom can we contact in case of an emergency?

Name: _____ Phone # _____

Employer Name & Address:

_____

Occupation:_____

Household Family Members:

Name Age Sex Relationship

1._____

2._____

3._____

4. _____

5. _____

6. _____

Primary Care Physician:

_____

Name Phone

Psychiatrist/Psychopharmacologist/Psychiatric medication manager:

_____

Name Phone

Current psychotherapist/counselor/social worker/psychologist/mental health provider:

_____

Name Phone

How did you learn of CBT Baltimore:

_____

PLEASE CONTINUE TO NEXT PAGE

Insurance Information:

Psych/Mental Health/Substance Abuse Insurance (which is not necessarily the same as you primary health insurance carrier):

_____

Address:_____

Insurance Phone Number:_____

Subscriber Name:_____

Subscriber DOB: _____Subscriber Social Security Number: _____

Subscriber Address:

_____

Patient Relation to Subscriber: _____Self _____Spouse _____ Dependent Child _____Other

Patient ID#: _____

Group Name/#: _____

Contract Type_____

Effective Date:_____

Subscriber DOB: _____

Subscriber SS#:_____

Guarantor (complete if different from patient)

Patient Relation to Guarantor: _____ Spouse _____ Dependent Child _____Other:

Name:_____ SS#_____

Address:_____ Phone #_____

Employer Name_____ Phone #_____

Employer Address

_____

Psych/Mental Health/Substance Abuse Benefits

Carrier Name

_____

Address_____

Phone #:_____