

Personal Information/ Insurance and Emergency Releases

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s) OK to leave a message on: _____

Email Address(es) _____

Date(s) of birth: _____

Referred by: _____

Employer/type of work: _____

Insurance: _____

Name of Insured: _____ Insured DOB: _____

ID number: _____ Group/Plan number: _____

Insurance Co Address: _____

City: _____ State: _____ Zip: _____ Provider Phone #: _____

Emergency Notification Release of Information

In the event of a medical or behavioral emergency while under treatment by Melissa Owens LPC, LMHC, I authorize Melissa or her delegate to notify the following person:

Name: _____ Relationship: _____

Address/ Phone: _____

If I need to be transported to a hospital for medical attention, I am to be sent to:

Unless I specifically revoke it in writing, this general Release of Information will remain in effect until I terminate treatment.

(Signature of Patient)

(Date)

(Signature of Patient)

(Date)