

**PATIENT INTAKE QUESTIONNAIRE**

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| **PATIENT INFORMATION** |
| Patients Last Name: First: Middle: | □Mr.□Mrs. | □Miss.□Ms. | MARITAL STATUS (CIRCLE ONE) SINGLE/ MAR / DIV / SEP / WID |
| Social Security: | Birth date: | Age: | Sex:* M □ F
 |
| Street address: | City/State/Zip: | Phone: |
| Employer: | Occupation: | Employers Phone number: |
| **EXCLUSIONS:**  □ SUICIDAL IDEATION □ METH INTOXICATION □ VIOLENT □ BORDERLINE PERSONALITY □ SCHIZOPHRENIA  |
| **REFERRAL PARTY INFORMATION** |
| If you were referred by a physician, therapist or interventionist or other, we would appreciate you providing their contact information: |
| Name:  | Phone Number: | I hereby authorize Kyle ER to release my medical records regarding this care to my referring party [ ]  YES [ ]  NO |
| **DISPOSITION** |
| When does the referring party wish to be notified?Where do you want the patient dispositioned to?Additional Notes: |
| **HEALTH INSURANCE INFORMATION** |
| WE ACCEPT ALL COMMERCIAL INSURANCE POLICIES; HOWEVER, WE DO NOT ACCEPT MEDICARE, MEDICAID, TRICARE, VA, OR MARKETPLACE.PLEASE PROVIDE THE FOLLOWING INFORMATION FROM YOUR HEALTH INSURANCE CARD |
| Please indicate primary insurance |  | Please indicate secondary insurance |  |
| Subscribers name: | Subscribers S.S #: |
| Patient’s relationship to subscriber Self Spouse Child Other |
| POLICY IDENTIFICATION # | GROUP IDENTIFICATION # |
| INSURANCE PROVIDER TELEPHONE #: | CUSTOMER SERVICE TELEPHONE #: |
| **EMERGENCY CONTACT**Policy #: |
| Name of local friend or relative: | Relationship to the patient: | Phone Number: |
| The above information is true to the best of my knowledge, I authorize my insurance benefits to be paid directly to the physician. I understand I am financially responsible for any balance. I also authorize KYLE ER to release any information required to process my claims. Patient/Guardian Signature X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_ \_\_\_\_\_\_\_\_\_ Thank you very much for the time you have taken to complete this questionnaire. We will respond to your inquiry in a timely manner and look forward to working with you!Sincerely, Kyle ER & Hospital |