Mercy Clinic Behavioral Health --- Confidential Client Data

Today's Date

Client Information: Male_____ Female_____

First Name Middle Name Last Name | Preferred Name (if diferent than first name)

Street Address | Client's Social Security Number

City/State/Zip | Client's Date of Birth

Home Phone | Cell / Message Phone | Work phone

Client's Employer (if applicable) | Client's Primary Care Physician

E-mail address

Responsible Party Authorizing Treatment:

First Name Middle Name Last Name | Date of Birth

Street Address | Social Security Number

City/State/Zip | Relationship to Client

Home Phone | Cell / Message Phone | Work Phone

Responsible Party's Employer

Primary Insurance Information: (Please let the receptionist know if you have more than one insurance)***

Name of Insurance Company | Group &/or Policy Number

Policy Holder's Name | Policy Holder's Date of Birth

Policy Holder's Street Address | Policy Holder's Social Security Number

Policy Holder's City/State/Zip | Policy Holder's Relationship to Client

Policy Holder's Employer

***Please provide the office with a copy of your insurance card(s).

Additional Benefits:

Veteran's Benefits? Yes No

Mercy Clinic Behavioral Health complies with Mercy HIPPA regulations, please let the receptionist know if you would like to fill out, or update your HIPPA information.

SPR_25156 (5/30/13)

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