



**1212 York Rd., #A302
Lutherville, MD 21093
(443) 470-9815 (Telephone)
(410) 296-0609 (Fax)
CBTBaltimore@gmail.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 Solutions:

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 #:
