Anne M. Yurik, Ph.D., P.C.
Licensed Psychologist

200 Diversion, Suite 150
Rochester Hills, Michigan 48307

Phone / Fax
248-453-5355

NEW PATIENT INFORMATION SHEET

Date of Appointment | Physician Name | Referral Source

Last Name

Middle Name

First Name

Birth Date | Month | Date | Year | Age

Currently Employed | Occupation

Marital Status | Spouse's Name | Birth Date

Home Address Number and Street

City | Zip

May Dr. Yurik identify himself on your home or work voice mail or to who ever answers the phone if he needs to call your house? Yes ☐ No ☐

Home Phone | Cell Phone

May Dr. Yurik contact you via email? Yes ☐ No ☐

Email

Dr. Yurik normally does not try to call patients at work, but the need might arise. Please discuss how you would like to handle these situations.

Work phone | Work hours

In case of emergency call
Name | Relationship | Number

If the patient is a minor, or someone other than the patient is responsible for payment, please fill in the following

Name of financially responsible party ______________________ Relationship to patient______________________
Address of financially responsible party____

CREDIT CARD INFORMATION

VISA [ ] Mastercard [ ] Other [ ] Name exactly as on Card________________________

Card Number______________________ Exp Date__________Security Code______ Address if different than above

____

Charges will appear on your card statement as **ProfessionalCharges.com** ______________________

Your signature below indicates that you have read the information in the additional document and agree to abide by its terms. It also indicates that you have been offered a copy of the June 1, 2004 Notice of privacy practices under the HIPAA law.

I understand that all charges not covered by my insurance are my responsibility.

____
Patient Parent Guardian
(please circle)