BAYSIDE COUNSELING, LLC
ELIZABETH A. FEISTHAMEL, LICSW

CONFIDENTIAL NEW PATIENT INFORMATION

Patient's Name: _____ Date: _____

SSN: _____--_____--_____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone #: _____ Other Phone #: _____

Permission to leave messages on either voice mail? Yes No

Permission to leave messages with a person other than you? Yes No

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone number: _____

Permission to leave call emergency contact as needed? Yes No

Marital Status: S☐ M☐ D☐ W☐

Occupation: _____ Full Time☐ Part Time☐ Student☐

Employer/Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Person responsible for payment, if other than patient:

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

PCP Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Insurance Information

Primary Insurance Company

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name on policy: _____

Address if different: _____

City: _____ State: _____ Zip Code: _____

Relationship: _____ Subscriber's Date of Birth: _____

Policy Number: _____ Group Number: _____

Effective Date: _____ Any Preauthorization Needed? Yes No

Secondary Insurance

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name on policy: _____

Address if different: _____

City: _____ State: _____ Zip Code: _____

Relationship: _____ Subscriber's Date of Birth: _____

Policy Number: _____ Group Number: _____

I understand that I am responsible for all charges, regardless of insurance coverage. _____
Initial

Bayside Counseling, LLC
110 Main Street, Suite 202
East Greenwich, Rhode Island 02818
(401)263-3003