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Please fill out the following information and return form via email to stephanie@stephanietournet.com.

PATIENT INFORMATION

Name: _____ DOB: _____ Date: _____
Address: _____ Gender: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Prepare to Mail: _____
Work Phone: _____
Email (for administrative issues, e.g. scheduling; not for confidential content): _____

Who referred you?

Physician/Pediatrician: _____
Physician Address/Phone No: _____

IF CHILD/ADOLESCENT PATIENT:

Mother/Guardian: _____ Marital Status/Partnered: _____
Address: _____ DOB: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Employer: _____ Work Phone: _____

Farther/Guardian: _____ Marital Status/Partnered: _____
Address: _____ DOB: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Employer: _____ Work Phone: _____
Bill to Name/Address: _____

What is the best way to contact you for appointment reminders? _____
Please Bill To: _____

Payment in full is due at time of service.

Due to the nature of scheduling in my psychotherapy practice, I charge the full fee for missed appointments or any appointment changed or canceled with less than 24 hours notice.

I do not take insurance; however, some insurance plans will reimburse a portion of the fee. If you have a preferred provider plan (PPO) or other non-managed care plan, you may have “out-of-network” benefits. This generally means that you have the option to work with a clinician who is an “out-of-network” provider, and that your company will reimburse you for a certain percentage of my fee.

Although you would be responsible for paying me directly, you would have the option to submit an insurance claim form and have benefits sent directly to you.

SIGNATURE

DATE