Interlake Psychiatric Associates, PLLC

2025 112th Avenue NE, Suite 200, Bellevue, WA 98004
(425) 462-9511 Fax (425) 462-8894

PATIENT INFORMATION

Patient Name: Last	First MI	Sex	Marital Status	Birth date
Address	City	State Zip		Home Phone
Patient's Employer	Occupation			Work Phone
Referred to:	Referred by:			

Responsible Party #1	Birth date	Soc Sec # (optional)	Relationship	Marital Status
Address (if different from Patient)	City	State Zip	Home Phone	
Employer	Occupation	Work Phone	Cell Phone	
NOTE: If parents are divorced and medical decision-making is shared, both parents must agree to the evaluation.				

Responsible Party #2	Birth date	Soc Sec # (optional)	Relationship	Marital Status
Address (If different from Resp. #1)	City	State Zip	Home Phone	
Employer	Occupation	Work Phone	Cell Phone	

Emergency Contact			Relationship
Address	City	State Zip	Home Phone

Insured's Name	Relationship		Birth date
Primary Insurance Company	Group #	Policy #	
Insurance Company Address	City	State Zip	Phone

I hereby acknowledge and accept financial responsibility for charges incurred by the above named patient while under the care of
_____________________________.

SIGNATURE____ DATE____________________________

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the undersigned physician to provide information gained through history, physical, progress notes, EKG and lab findings may become necessary to aid in processing any future insurance claims.

SIGNATURE____ DATE____________________________