

ELICIA SEAY, PH.D., LLC
CLIENT REGISTRATION FORM

5250 Cherokee Ave., Suite 410, Alexandria, VA 22312
(703) 354-1144 / (703) 831-8752 (fax)

*****Please provide your current insurance card(s) so that a copy can be made*****

Patient Information:

Patient Name (full): _____ Sex: M ___ F ___
DOB: ___ / ___ / ___ Age: ___ Marital Status: single married divorced widowed partnered
Address: _____ City _____ State _____ Zip Code _____
Home Phone: (____) _____ Cell phone: (____) _____
Employer: _____ Work phone: (____) _____
E-Mail: _____

Please Note: Email correspondence is not considered to be a confidential medium of communication

Referred by (if any): _____ may I thank them for the referral? yes no

Spouse Information:

Name: _____ DOB: ___ / ___ / ___ E-Mail: _____
Address: _____ Home Phone : (____) _____
Employer: _____ Work phone: (____) _____ Cell phone: (____) _____

Reason For Today's Visit:

Primary Insurance Information:

Insurance Co. Name: _____ Policy ID#: _____ Group #: _____
Address: _____ Phone No.: (____) _____
Subscriber Name: _____ Relationship to Patient: _____ Subscriber DOB: _____
Does your plan require referral? yes no Copay Amount: \$ _____

Secondary Insurance Information:

Secondary Ins. Co. Name: _____ Policy ID#: _____ Group #: _____
Address: _____ Phone No.: (____) _____
Subscriber Name: _____ Relationship to Patient: _____ Subscriber DOB: _____
Does your plan require referral? yes no Copay Amount: \$ _____

Emergency Contact: _____ Relationship to patient: _____ Emergency Contact #: _____

Client Attestation: By signing this document, I am affirming that all information supplied is accurate. I have received and had the opportunity to review a notice of privacy practices from Elicia Seay, Ph.D.,LLC.

Patient Signature: _____
Date: ___ / ___ / ___

Medical and Psychiatric History

List any ongoing medical conditions or problems:

Previous therapy experience including any psychiatric hospitalizations:

List any medication you are presently taking:

Current prescribing psychiatrist or physician:
