JOHNS HOPKINS MEDICINE

ADULT CONSULTATION CLINIC PATIENT INFORMATION FORM

Psychiatry and Behavioral Sciences

DEMOGRAPHICS

In this section, please provide the patient's information ONLY.
If you are the direct contact for the patient, your information should be provided in the emergency contact section*

Patient's Name:		Preferred Name:
Patient's Date of Birth:	Check Biological Sex at Birth: Male ☐	Female ☐
Race:	Patient's Social Security Number:	
Preferred Language:	Check if you need a Translator or Interpreter:	
Patient's Address:		
City:	State:	Zip code:
Patient Contact Number:	Patient Email:	
Country place of birth:		
Check the box that applies: **Unemployed** ☐ **Retired** ☐ **Student** ☐ **Part time** ☐ **Full time** ☐		
Employer's/Company's Name:		Office Number:
Who should we contact to schedule?	Name:	Number:
Who will be participating in the consultation? **Please provide name(s) and email(s)**		

EMERGENCY CONTACT INFORMATION

Emergency Contact's Name:		Relationship:
Emergency Contact's Address:		
City:	State:	Zip code:
Emergency Contact's Phone:	Emergency Contact's Email:	

MEDICAL INFORMATION

Psychiatric Diagnosis:		
Treating Psychiatrist **(REQUIRED)** Full Name:		
Years established with this provider:	Office Number:	Office Fax number:
Primary Care Physician Name and Office Number:		
Check if you were hospitalized for mental health ☐	Most recent date:	Facility name:

INSURNACE INFORMATION

If your Insurance is not in network, the fee will be due at the time of service*

Primary Insurance:		
Subscriber's Name:		Subscriber's Date of Birth:
Subscriber's ID:	Check if you Primary Insurance is in network:	
Secondary Insurance		
Subscriber's Name		Subscriber's Date of Birth:
Subscriber's ID:	Check if you Primary Insurance is in network:	

OTHER INFORMATION

How did you hear about us?

Please add any additional requests and share what you are hoping to gain from this consultation:

Check if you are a new patient to Johns Hopkins ☐

Check if you've had a prior Hopkins visit ☐
if so, provide your Hopkins medical record number