

Doreen Hutton, LPC

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(806) 239-3376

PATIENT INFORMATION

Today's Date: _____

Name: Last _____ First _____ Middle _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Social Security Number _____ Sex _____ Age _____ Date of Birth _____

E-Mail Address _____ Drivers License Number _____

Employer _____ Address _____

RESPONSIBLE PARTY INFORMATION

Person Responsible For Payment _____ Social Security Number _____

Address _____ City _____ State _____ Zip _____

Employer _____ Address _____

INSURANCE INFORMATION

Circle One: **FirstCare** **Health Insurance** **Medicare** **Medicaid** **Private Pay**

Insurance Company Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Group Name _____ Group Number _____

Name of Insured _____ Birthdate _____ Social Security # _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name _____ Relationship to Patient _____

Address _____ Home Phone _____ Work Phone _____

Whom may we thank for referring you to our office? _____