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**Adult Information Sheet**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Age** \_\_\_\_\_ **Birthdate** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
**Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**Social Security #:** \_\_\_\_\_ **Education:** \_\_\_\_\_  
**Religion:** \_\_\_\_\_ **Marital Status:** \_\_\_ **Date Married:** \_\_\_ **Prev.Marriages:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Spouse/Partner:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
**Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**Social Security #** \_\_\_\_\_ **Education:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**CHILDREN:**

Name	Birthdate/Age	Marital status	Occupation	Residence
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**PARENTS AND SIBLINGS:**

Name	Relationship	Age	Occupation	Residence
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**PRESENTING PROBLEM:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHO REFERRED YOU:** \_\_\_\_\_

**PREVIOUS SOURCES USED:** \_\_\_\_\_ **FAMILY MD** \_\_\_\_\_

Name: \_\_\_\_\_ Date \_\_\_\_\_

**INSURANCE INFORMATION:**

Do you want this office to file insurance claims for you? Yes No  
If "YES", complete this section. If "NO" skip this section.

Have you called your insurance company to preauthorize these services? Yes No

**Primary Insurance:** \_\_\_\_\_ Policy Holder: \_\_\_\_\_

Relationship to Policy Holder: \_\_\_\_\_ Policy Holder's Date of Birth: \_\_\_\_\_

Policy ID#: \_\_\_\_\_ Group #: \_\_\_\_\_

Claims Address: \_\_\_\_\_

**Secondary Insurance:** \_\_\_\_\_ Policy Holder: \_\_\_\_\_

Relationship to Policy Holder: \_\_\_\_\_ Policy Holder's Date of Birth: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Claims Address: \_\_\_\_\_

Who is responsible for this bill? \_\_\_\_\_

Will you be paying today by: Check \_\_\_ Cash \_\_\_ Credit Card \_\_\_

**I agree to pay this account in accordance with the policy of the provider. I understand that if my account is overdue, there will be a 3% interest charge each 30 days that my portion of my account is overdue. In the event of default on my account, I agree to pay a collection and/or attorney fee.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

