

Richard H. Barrett, II, Ph.D.
Clinical Psychologist

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Name _____ Date _____ Gender M F Age _____ Date of Birth _____

Address _____ City/State/Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Can you be contacted at work? Y N Which number is best daytime contact number? Home Cell Work

May we leave a message with potentially confidential information on your phone? Y N If yes, at which number? Home Cell Work

Marital Status: Single Married Widowed Divorced. No. of Children _____ Soc. Sec. Num. _____

Occupation of Client _____ Employer _____

Spouse Name _____ Work Phone _____

Occupation of Spouse _____ Employer _____

Referred By _____ If referred by a physician, a report will be mailed unless initialed here _____

Name of Primary Care Physician _____

Name of person responsible for the account (and address if different from above):

_____ Signature _____

Person to notify in case of emergency (name, address & phone number):

I agree to pay for all services rendered and if I fail to do so, I agree to pay all court costs and attorney's fees incurred in the collection of my account.

Signature _____ **Date** _____

INSURANCE INFORMATION

Primary Insurance Company _____ **Employer** _____

Insured's Name _____ Date of Birth _____ Soc. Sec. Num. _____

Relationship to patient _____ Insured's Address if different than above _____

Secondary Insurance Company _____ **Employer** _____

Insured's Name _____ Date of Birth _____ Soc. Sec. Num. _____

Relationship to patient _____ Insured's Address if different than above _____

I hereby authorize the release of that protected health information which is necessary to process this and future claims and request that payment on assigned claims be made directly to Dr. Richard Barrett.

Signature _____ **Date** _____