

The Growth and Recovery Center

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and

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the growthandrecoverycenter.com

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Date: _____

Name: _____ Sex: _____

Age: _____ DOB: ____/____/____ Ethnicity: _____

Address: _____

Home Phone: _____ Okay to leave message? Yes ___ No ___

Work Phone: _____ Okay to leave message? Yes ___ No ___

Cell Phone: _____ Okay to leave message? Yes ___ No ___

Emergency Contact: _____ Relationship: _____

Phone (s): _____ Okay to leave message? Yes ___ No ___

Email: _____

RESPONSIBLE PARTY INFORMATION:

Responsible party: _____ Gender: _____

Date of Birth: ____/____/____ Relation to Client: _____

SS #: _____ - _____ - _____ Employer: _____

Different address than the client (if different, please complete address below)

Home Address: _____

City: _____ State: _____ Zip: _____

Different phone and email (if different, please complete address below):

Home: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Email: _____

INSURANCE INFORMATION ~Please provide insurance card~ Skip if self-pay

Policyholder's Name _____ Policyholder's SSN: _____ - _____ - _____

Date of Birth ____/____/____ Primary Insurance Co. Name _____

Insurance Company's Customer Service Phone # _____

Insurance ID # _____ Policyholder's Employer: _____

Group # _____

Co-pay \$ _____ Deductible? Yes No Amount \$ _____

Authorization Required? Yes No

Is the client covered under a secondary insurance policy? Yes No

Name of Secondary Insurance Carrier: _____

Policy #: _____ Groups #: _____

Medicare/Medicaid ONLY

Client or Authorized Person's Signature: I authorize the release of any medical or other information necessary to process insurance claims. I also request payment of government benefits to The Growth and Recovery Center and Dr. Eric Griffin-Shelley

Signature: _____ Date: _____