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A Rejuvenated Mind Behavioral Health, PLLC

50 N. Brockway St., Suite 4-1. Palatine, IL 60067
Phone: 224-877-1730

New Patient Form

Patient Information:

Legal Name: Alias:
Birth date: SSN:
Home Address:
City: State: Zip Code:
Preferred Phone: Alternative Phone:
Email: Sex: Gender

Emergency Contact/Responsible Party:

Emergency Contact Name: Emergency Contact Phone:
Responsible Contact (First, Middle, Last):
Birth Date: Sex: Phone:
Relationship to patient: Employer:

Insurance Information:

Name of Primary Insurance Company:
Name of Insured: Birth Date:
Insured Address:
City State: Zip Code:
Policy # or ID #: Group #:
Relationship to patient:

Name of Secondary Insurance Company:
Name of Insured: Birth Date:
Insured Address:
City: State: Zip Code:
Policy# or ID#: Group #:
Relationship to patient:

Patient Signature: Date:

Parent/Guardian Signature: Date: