

Margaret Coats, Counseling, INC

6408 Constitution Drive

Fort Wayne, IN 46804

Phone: 260/459-3637

Fax: 260/459-0282

Patient Information

Patient Name: _____ Gender: Male Female

Address: _____

Street/Box#

City

State

Zip

Home Phone: _____ Permission to Contact/ Leave Message: Yes No Initials: _____

Work Phone: _____ Permission to Contact/ Leave Message: Yes No Initials: _____

Cellular Phone: _____ Permission to Text: Yes No Initials: _____

Email: _____ Permission to Email: Yes No Initials: _____

Marital Status: S M D W Patient Employer: _____

Patient Date of Birth: ___/___/___ Patient Age: _____

Primary Care Physician: _____ Permission to Contact Physician: Y N

Primary Insurance Information

Insured's Name (if different from above): _____

Insured's Address: _____

Street/Box#

City

State

Zip

Insured's Social Security #: _____ Insured's Date of Birth: _____

Insured's Employer: _____ Relationship to Patient: _____

Insurance Company: _____ Insurance ID #: _____ Group # _____

Secondary Insurance Information

Insured's Name (if different from above): _____

Insured's Address: _____

Insured's Social Security #: _____ Insured's Date of Birth: _____

Insured's Employer: _____ Relationship to Patient: _____

Insurance Company: _____ Insurance ID #: _____ Group # _____
