

**THE NEUROPSYCHOLOGY CENTER**  
**6000 SHAKERAG HILL, SUITE 216**  
**PEACHTREE CITY, GA 30269**

Welcome. It is a pleasure to serve you. Please take a moment to complete the following:

**PATIENT INFORMATION**

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY \_\_\_\_\_

MARITAL STATUS ☐ MARRIED ☐ SINGLE ☐ WIDOW ☐ DIVORCED

.....  
**CONTACT PERSON** (*OTHER THAN PATIENT*) ☐ SPOUSE ☐ RELATIVE ☐ FRIEND ☐ OTHER

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

WHOM MAY WE THANK FOR REFERRING YOU TO THIS OFFICE? \_\_\_\_\_

PRIMARY CARE PHYSICIAN \_\_\_\_\_

CITY OF PRACTICE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

**INSURANCE INFORMATION**

Primary Insurance: \_\_\_\_\_

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

Insurance Telephone: \_\_\_\_\_

Policy Number: \_\_\_\_\_

.....  
Secondary Insurance: \_\_\_\_\_

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

Insurance Telephone: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**SIGNATURE ON FILE AND AUTHORIZATION**

**I understand that the information that I have given today is correct to the best of my knowledge. I also understand that this information will be held in the strictest confidence and it is my responsibility to inform this office of any changes.**

**I understand that I am personally responsible for all fees charged by The Neuropsychology Center for services. I understand that fees are payable upon receipt of services unless prior arrangements have been made.**

**I authorize the Neuropsychology Center to perform any necessary services that I may need during diagnosis and treatment with informed consent.**

**I authorize payment of Insurance/Medicare benefits to the undersigned Neuropsychologist for services rendered, Alfonso Martinez, Ph.D. of The Neuropsychology Center, LLC.**

**I authorize The Neuropsychology Center, to release to my insurance company and/or the Health Care Financing Administration and its agents, any information needed to determine these benefits for related services.**

\_\_\_\_\_  
**Patient Signature**

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

**Thank you for providing this necessary information so that we may more effectively serve you.**