

# Integrative Therapy Institute of NJ

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Treatment Location:  Metuchen  Montclair  Upper Montclair  Redbank  Princeton  Sparta

## Patient Face Sheet

**Please complete entire form.**

Name of Patient: \_\_\_\_\_

Name of Parent or Guardian if patient is a child:

\_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Employment Status: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Referred by: \_\_\_\_\_

Description of condition: \_\_\_\_\_

Responsible Party: \_\_\_\_\_

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

I.D. #: \_\_\_\_\_ Group #: \_\_\_\_\_

Member Name on Insurance: \_\_\_\_\_

Insured's Birth Date: \_\_\_\_\_ SS #: \_\_\_\_\_

Therapist: \_\_\_\_\_

Location: \_\_\_\_\_

CPT Intake Date \_\_\_\_\_ CPT Code sessions \_\_\_\_\_ Diagnosis Code \_\_\_\_\_