Sprout Counseling
11 Lumpkin St., Suite 100
Lawrenceville, GA 30046
PO Box 454
Suwanee, Georgia 30024
678-404-0112
info@sprout-counseling.com

Patient Registration

Last Name:	First	Middle Initial

Sex M/F	Age:	Date of Birth:

Address:

City:	State:	Zip:

Home Phone:	Work:	Cell:

Occupation:	Employer

Email address:

Best way to contact? (circle) Home Work Cell

Marital Status (circle)

Single Married Separated Divorced

Emergency Contact:	Phone:	Relationship:

INSURANCE INFORMATION
ONLY IF FILING WITH
BLUE CROSS/BLUE SHEILD

Subscriber's full name:	Birth date: / /	Is the subscriber responsible for the bill? ☐ Yes ☐ No	Home phone no.: ( )
Address (if different):			
Occupation:	Employer:	Employer address:	Employer phone no.: ( )

Policy no.:	Group no.:	Subscriber's S.S. no.:	Co-payment: $
Patient's relationship to subscriber:	❑ Self ❑ Spouse ❑ Child ❑ Other		
Name of secondary insurance (if applicable):	Subscriber's name:	Group no.:	Policy no.:
Patient's relationship to subscriber:	❑ Self ❑ Spouse ❑ Child ❑ Other		

By signing below I hearby allow Sprout Counseling to contact and bill Blue Cross/Blue Shield for services rendered.

Signature Date

Print

Notice Of Privacy Practices Acknowledgement

2015 HIPPA Acknowledgement Notice of Privacy Practices

Print Name of Patient: _____
Patient's Date of Birth: _____

Sprout Counseling is required by law to maintain the privacy of and provide individuals with access to the Notice of our legal duties and privacy practices with respect to protected health information. I hereby acknowledge that I have reviewed the HIPPA Notice of Privacy document and understand that I may obtain a copy for my records upon request.

Signature of Patient/Legal Representative: _____
Today's Date: _____

E-mail Address of Patient/Legal Representative: _____
Cell Phone of Patient/Legal Representative: _____

Medical Information
Please let us know which number you would like us to call regarding your medical information. Note that this is the number where we will leave a message if we do not reach you.

Home Phone: _____ Cell Phone: _____ Both: _____

Appointment Reminders:
Please check if you'd like to received a reminder or text of your upcoming appointments. Appointment reminders are a courtesy, but in the event that you believe you have an appointment scheduled but have not received a reminder, you may call the office to confirm.

- ☐ I would like Email reminders
- ☐ I would like Text reminders(cell phone charges apply): #_____
- ☐ I would like both text and email
- ☐ NO REMINDERS